

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90092 015 ****61.25

DOCUMENT # N99000006230

1. Entity Name

SPIRITUAL ASSEMBLY OF THE BAHAI'S WILTON MANORS.

Principal Place of Business

Mailing Address

665 N.W. 21ST STREET
 WILTON MANORS FL 33311

665 N.W. 21ST STREET
 WILTON MANORS FL 33311-3731

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

91-1968585

Applied For

Not Applied For

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AUPPERLE, THEODORE J
 1456 N.E. 24TH COURT REAR
 WILTON MANORS FL 33334

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	TC	<input type="checkbox"/> Delete
NAME	MELIUS, BRUCE	
STREET ADDRESS	665 N.W. 21ST STREET	
CITY-ST-ZIP	WILTON MANORS FL 33311	
TITLE	TVC	<input type="checkbox"/> Delete
NAME	KRAUS, JEFF	
STREET ADDRESS	224 N.W. 21ST STREET	
CITY-ST-ZIP	WILTON MANORS FL 33311	
TITLE	TS	<input type="checkbox"/> Delete
NAME	MELIUS, HEIDI	
STREET ADDRESS	665 N.W. 21ST STREET	
CITY-ST-ZIP	WILTON MANORS FL 33311	
TITLE	TT	<input type="checkbox"/> Delete
NAME	AUPPERLE, THEODORE	
STREET ADDRESS	1456 N.E. 24TH COURT	
CITY-ST-ZIP	WILTON MANORS FL 33311	
TITLE	T	<input type="checkbox"/> Delete
NAME	TOBIAS, JACQUELINE	
STREET ADDRESS	427 N.E. 27TH STREET	
CITY-ST-ZIP	WILTON MANORS FL 33311	
TITLE	T	<input type="checkbox"/> Delete
NAME	DAWES, PAIGE	
STREET ADDRESS	578 N.E. 20TH STREET, APT. 14	
CITY-ST-ZIP	WILTON MANORS FL 33311	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-2000 954-565-0111