

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90130 029 ****61.25

DOCUMENT # N99000006230

1. Entity Name

SPIRITUAL ASSEMBLY OF THE BAHAI'S WILTON MANORS,

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

91-1968585

Applied For

Not Applicable

Zip

Country

Zip

Country

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

THEODORE J. AUPPERLE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **TC**
 STREET ADDRESS **MELIUS, BRUCE**
 CITY-ST-ZIP **665 N.W. 21ST STREET**
WILTON MANORS FL 33311

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **TVC**
 STREET ADDRESS **KRAUS, JEFF**
 CITY-ST-ZIP **224 N.W. 21ST STREET**
WILTON MANORS FL 33311

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **TS**
 STREET ADDRESS **MELIUS, HEIDI**
 CITY-ST-ZIP **665 N.W. 21ST STREET**
WILTON MANORS FL 33311

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **TT**
 STREET ADDRESS **AUPPERLE, THEODORE**
 CITY-ST-ZIP **1456 N.E. 24TH COURT**
WILTON MANORS FL 33311

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **TOBIAS, JACQUELINE**
 CITY-ST-ZIP **427 N.E. 27TH STREET**
WILTON MANORS FL 33311

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **T**
 STREET ADDRESS **DAWES, PAIGE**
 CITY-ST-ZIP **578 N.E. 20TH STREET, APT. 14**
WILTON MANORS FL 33311

TITLE ☒ Change ☒ Addition
 NAME **CASTEVENS, WILLIAM**
 STREET ADDRESS **215 NE 23 ST. APT 302**
 CITY-ST-ZIP **WILTON MANORS, FL 33311**

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:

THEODORE J. AUPPERLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-22-01 954-505-0111

CR2E037 (10/00)