

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90142 030 \*\*\*\*61.25  
 08-07-2002 90182 001 \*\*\*\*61.25

**DOCUMENT # N99000006230**

1. Entity Name

**SPIRITUAL ASSEMBLY OF THE BAHAI'S WILTON MANORS, INC.**

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**91-1968585**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **CASSTEVENSON, WILLA J.**

Street Address (P.O. Box Number is Not Acceptable)  
**1456 NE 24 Court**

**Rear Apt.**

City **Wilton Manors**

**FL**

Zip Code **33305**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Willa J. Casstevens*

*Willa J. Casstevens, Treasurer*

*7-28-02*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,**  
**min. will be \$236.25.**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

*Check #751 enclosed /*  
**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

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

TITLE ☒ Change ☐ Addition  
 NAME **Tobias, Jacqueline**  
 STREET ADDRESS **427 NE 27 Street**  
 CITY-ST-ZIP **Wilton Manors FL 33334**

TITLE **T** ☐ Delete  
 NAME **CASTEVENS, WILLA**  
 STREET ADDRESS **215 NE 23 ST APT 302**  
 CITY-ST-ZIP **WILTON MANORS FL 33311**

TITLE ☒ Change ☐ Addition  
 NAME **Casstevens, Willa**  
 STREET ADDRESS **1456 NE 24 Court**  
 CITY-ST-ZIP **Wilton Manors FL 33305**

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:

*Willa J. Casstevens, Treasurer*

*7-28-02*

*(305) 667-1036*

CR2E037 (4/02)