

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

0087120

**DOCUMENT # F00000004325**

1. Entity Name

**WATCHTOWER BIBLE AND TRACT SOCIETY OF NEW YORK,**

02-15-2001 90105 013 \*\*\*\*70.00

Principal Place of Business <b>25 COLUMBIA HEIGHTS BROOKLYN NY 11201-2483</b>	Mailing Address <b>25 COLUMBIA HEIGHTS BROOKLYN NY 11201-2483</b>
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DO NOT WRITE IN THIS SPACE

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 <b>11-1753577</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**MOODY, JIM H**  
**1001 LEHIGH EAST ROAD**  
**LEHIGH ACRES FL 33972**

**7. Name and Address of New Registered Agent**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD HENSCHEL, M G 124 COLUMBIA HEIGHTS BROOKLYN NY	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COUCH, G M 124 COLUMBIA HEIGHTS BROOKLYN NY	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SWINGLE, L A 124 COLUMBIA HEIGHTS BROOKLYN NY	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABRAHAMSON, R E 124 COLUMBIA HEIGHTS BROOKLYN NY	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, D A 124 COLUMBIA HEIGHTS BROOKLYN NY	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIES, H J 124 COLUMBIA HEIGHTS BROOKLYN NY	<input checked="" type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD L'ARSON, MAX H 124 COLUMBIA HTS BROOKLYN NY 11201-1698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHILLING, LONNIE R 800 RED MILLS RD WALKILL NY 12589-3224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COUCH, GEORGE M 124 COLUMBIA HTS BROOKLYN NY 11201-1698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SIMONIS, GERALD F 124 COLUMBIA HTS BROOKLYN NY 11201-1698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIZZLE, GERALD D 124 COLUMBIA HTS BROOKLYN NY 11201-1698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINCLAIR, DAVID G & PEVY, ROBERT M 124 COLUMBIA HTS BROOKLYN NY 11201-1698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:** \_\_\_\_\_ **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Gerald F. Simonis, Secretary and Treasurer

February 5, 2001 (718)560-5000  
Date Daytime Phone #

CR2E037 (10/00)