

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90091 028 \*\*\*\*61.25

**DOCUMENT # 704609**

1. Entity Name

**PLANTATION BAPTIST CHURCH, INC.**

Principal Place of Business

Mailing Address

11700 N.W. 28 CT.  
 PLANTATION FL 33323

11700 N.W. 28 CT.  
 PLANTATION FL 33323-1832

00004573



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1316308**

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

**LEMAN, HOWARD A., REV**  
**11700 N.W. 28TH COURT**  
**PLANTATION FL 33323**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEMAN, HOWARD A	
STREET ADDRESS	11920 NW 27TH STREET	
CITY-ST-ZIP	PLANTATION FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HILL, FRANCIS X	
STREET ADDRESS	10125 NW 31 CT	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BOICE, BOB	
STREET ADDRESS	8510 SUNRISE LAKES BLVD	
CITY-ST-ZIP	SUNRISE FL	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Howard A. Leman* **HOWARD A. LEMAN** 01/03/00 954-473-2424

CR2E037 (9/99)