

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706917

1. Entity Name

THE CHURCH BY THE SEA INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90037 032 ****61.25

Principal Place of Business

Mailing Address

501 96TH STREET
 BAL HARBOUR FL 33154

501 96TH STREET
 BAL HARBOUR FLA 33154-2450



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

59-0668474

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

MCNEW, HUGH D ESQ
 3301 NE 170TH ST
 N MIAMI BCH FL 33160

Name

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

707 NE 195 ST.

City

N. MIAMI BEACH

FL

Zip Code

33179

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 Delete
 NAME TAT
 STREET ADDRESS MAVROLEON, MACE
 CITY-ST-ZIP 351 POINCIANA ISLAND
 NORTH MIAMI BEACH FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME TD
 STREET ADDRESS ILVENTO, CHARLES
 CITY-ST-ZIP 10205 COLLINS AVE., #1208
 BAL HARBOUR FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME SD
 STREET ADDRESS SMITH, ROBENIA
 CITY-ST-ZIP 10160 COLLINS AVE, 205
 BAL HARBOUR FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME PD
 STREET ADDRESS FAULKNER, FRED
 CITY-ST-ZIP ~~194 BAL HARBOUR~~
 BAL HARBOUR FL

TITLE Change Addition
 NAME P.O. Box 546484
 STREET ADDRESS BAL HARBOUR, FL
 CITY-ST-ZIP 33154

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: FRED FAULKNER 3/24/00 305-866-0721
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)