

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90229 023 ****61.25

DOCUMENT # 714924

1. Entity Name

CHURCH OF CHRIST ON QUAIL ROOST DRIVE INC

Principal Place of Business

Mailing Address

**12780 QUAIL ROOST DR
 MIAMI FL 33177-4818**

**12780 QUAIL ROOST DR
 MIAMI FL 33177-4818**

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

65-0221923

Applied For

☒ Not Applicable

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

**BUTTRICK, JAMES A.
 19010 SW 89 CRT
 MIAMI FL 33157**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD ROMANO, RICHARD 14530 SW 171 TERR MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTTRICK, JAMES A. 19010 SW 89 CRT MIAMI FL 33157	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLE, JACK C. 15280 SW 271 ST HOMESTEAD FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCOTT, DAVID A 9010 SW 186 TERR. MIAMI FL 33157	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

RICHARD ROMANO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/01

305-238-2097

CR2E037 (10/00)