

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90199 011 *****61.25

DOCUMENT # 714924

1. Entity Name

CHURCH OF CHRIST ON QUAIL ROOST DRIVE INC



Principal Place of Business

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

Mailing Address

**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



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **ROMANO, RICHARD**
STREET ADDRESS **14530 SW 171 TERR**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Delete
NAME **BUTTRICK, JAMES A.**
STREET ADDRESS **19010 SW 89 CRT**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **D** ☐ Delete
NAME **COLE, JACK C.**
STREET ADDRESS **15280 SW 271 ST**
CITY-ST-ZIP **HOMESTEAD FL**

TITLE **TD** ☐ Delete
NAME **SCOTT, DAVID A**
STREET ADDRESS **9010 SW 186 TERR.**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **FRANK VANDENMEYNDEN**
STREET ADDRESS **19035 SW 89 COURT**
CITY-ST-ZIP **MIAMI, FL 33157**

TITLE **D** ☐ Change ☒ Addition
NAME **CLARK PACE, JR**
STREET ADDRESS **16441 SW 24 COURT**
CITY-ST-ZIP **MIAMI, FL 33025**

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

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

4/21/03

(305)2843021

CR2E037 (10/02)