

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718422

1. Entity Name

EVANGELISM EXPLOSION III INTERNATIONAL, INC.

JAN 06 2000

FILED

Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90163 020 ****61.25

Principal Place of Business

Mailing Address

5554 NORTH FEDERAL HIGHWAY
FT. LAUDERDALE FL 33307
US

P O BOX 23820
FT. LAUDERDALE FL 33307-3820
US

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

23-7068456

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

KENNEDY, D JAMES
2750 NE 58TH ST
FORT LAUDERDALE FL 33308

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 SD ☐ Delete
NAME ISRAELS, GLADYS
STREET ADDRESS 1485 N.E. 57 PL.
CITY-ST-ZIP FT LAUDERDALE, FL 0

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

TITLE PD ☐ Delete
NAME KENNEDY, D. JAMES
STREET ADDRESS 2750 NE 58 ST
CITY-ST-ZIP FT LAUDERDALE, FL 0

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

TITLE M ☐ Delete
NAME STEBBINS, THOMAS
STREET ADDRESS 2201 IMPERIAL POINT DRIVE
CITY-ST-ZIP FT LAUDERDALE FL 33308

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

TITLE DT ☐ Delete
NAME MCNUTT, CLARK
STREET ADDRESS 3406 NE 12TH TERRACE
CITY-ST-ZIP OAKLAND PARK FL 33334

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4709 NE 12th Ave.
CITY-ST-ZIP Ft. Lauderdale, FL 33334

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 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 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 P changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

CR2E037 (9/99)