

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **736389**

1. Entity Name

**RIVERSIDE BAPTIST CHURCH OF DADE COUNTY, FLORIDA**

*\$78.75*

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90118 023 \*\*\*\*78.75

Principal Place of Business 10775 SW 104 ST. MIAMI FL 33176	Mailing Address 10775 SW 104 ST. MIAMI FL 33176-8165
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DO NOT WRITE IN THIS SPACE

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 <b>59-0737902</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WILLIAMS, EUGENE E 9130 S. DADELAND BLVD., #1100 CORAL GABLES FL 33156		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <b>D</b> <input checked="" type="checkbox"/> Delete	NAME: <b>KUBLIN, NORMAN</b> STREET ADDRESS: <b>8424 SW 102 PLACE</b> CITY-ST-ZIP: <b>MIAMI FL 33173</b>	TITLE: <b>DEACON CHAIRMAN</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <b>NEIL ESKOLIN</b> STREET ADDRESS: <b>11406 SW 104 CT</b> CITY-ST-ZIP: <b>MIAMI FL 33176</b>
TITLE: <b>DT</b> <input checked="" type="checkbox"/> Delete	NAME: <b>TODD, RON</b> STREET ADDRESS: <b>10922 SW 135 PLACE</b> CITY-ST-ZIP: <b>MIAMI FL 33186</b>	TITLE: <b>DEACON TREASURER</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <b>NORMAN KUBLIN</b> STREET ADDRESS: <b>8424 SW 102 PL</b> CITY-ST-ZIP: <b>MIAMI FL 33173</b>
TITLE: <b>SD</b> <input type="checkbox"/> Delete	NAME: <b>HENRIKSEN, WILLIAM</b> STREET ADDRESS: <b>13025 SW 68 TERRACE</b> CITY-ST-ZIP: <b>MIAMI FL 33183</b>	TITLE: <b>DEACON-VICE CHAIRMAN</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <b>IVAN FIGUEROA</b> STREET ADDRESS: <b>5407 SW 128 PL</b> CITY-ST-ZIP: <b>MIAMI FL 33173</b>
TITLE: <b>ASD</b> <input checked="" type="checkbox"/> Delete	NAME: <b>DIXON, DAN</b> STREET ADDRESS: <b>11910 SW 188 TERRACE</b> CITY-ST-ZIP: <b>MIAMI FL 33177</b>	TITLE: <b>DAVID WARD</b> <b>ASD</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS: <b>10700 SW 139 Road</b> CITY-ST-ZIP: <b>MIAMI FL 33176</b>
TITLE: <input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> 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: William Henriksen **SIGNATURE REQUIRED** *3/15/00 3055950542*

WILLIAM HENRIKSEN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)