

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90602 048 \*\*\*\*70.00

UNR0002

**DOCUMENT # 736389**

1. Entity Name

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

Principal Place of Business

Mailing Address

10775 SW 104 ST.  
 MIAMI FL 33176

10775 SW 104 ST.  
 MIAMI FL 33176

**C0021053**



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

**59-0737902**

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

**WILLIAMS, EUGENE E**  
**9130 S. DADELAND BLVD., #1100**  
**CORAL GABLES FL 33156**

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	<b>DT</b>	<input 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>DC</b>	<input type="checkbox"/> Delete
NAME	<b>ESKOLIN, NEIL</b>	
STREET ADDRESS	<b>11405 SW 104 CT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33176</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>DVC</b>	<input type="checkbox"/> Delete
NAME	<b>FIGUEROA, IVAN</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>WARD, DAVID</b>	
STREET ADDRESS	<b>10700 SW 139 RD</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"/> Change <input type="checkbox"/> Addition
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"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ASD</b>	
STREET ADDRESS	<b>MARK ROBINSON</b>	
CITY-ST-ZIP	<b>12084 SW 117 TERRACE</b>	
	<b>MIAMI FL 33186</b>	
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:

*Signature of Eugene E. Williams*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Feb 1st 2001**

Date

**3055950542**

Daytime Phone #

CR2E037 (10/00)