

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005287

1. Entity Name

CALVARY CHAPEL OF MIAMI BEACH, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90034 019 ****61.25

Principal Place of Business

Mailing Address

420 LINCOLN RD
#324
MIAMI BEACH FL 33139
US

420 LINCOLN RD
#324
MIAMI BEACH FL 33139-3014
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

65-0479922

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

FOUNTAIN, ROBERT
11000 N E 9TH COURT
BISCAYNE PARK FL 33161

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 ☐ Delete
NAME D
STREET ADDRESS FOUNTAIN, ROBERT
CITY-ST-ZIP 11000 N E 9TH COURT
BISCAYNE PARK FL 33161

TITLE ☐ Change ☒ Addition
NAME ~~ANNA~~
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME DT
STREET ADDRESS TURTLE, RICK
CITY-ST-ZIP 326 N E 26TH TERRACE
MIAMI FL 33137

TITLE ☐ Change ☒ Addition
NAME SECRETARY
STREET ADDRESS ANNA PANARO
CITY-ST-ZIP P.O. BOX 19-1482
MIAMI BEACH, FL 33119-1482

TITLE ☐ Delete
NAME D
STREET ADDRESS BERG, MICHAEL
CITY-ST-ZIP P O BOX 621057
ORLANDO FL 32862

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

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 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:

Robert Fountain ROBERT FOUNTAIN

3-5-2000

305 8921014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)