

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003233

1. Entity Name

EVANGELICAL CHRISTIAN HUMANITARIAN OUTREACH FOR

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90198 012 ****61.25

Principal Place of Business

330 BISCAYNE BLVD.
SUITE 620
MIAMI FL 33132

Mailing Address

999 PONCE DE LEON BLVD.
SUITE 625
CORAL SPRINGS FL 33134-3042

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0510432
APPLIED FOR

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

BABUN, TEO A JR.
330 BISCAYNE BLVD.
SUITE 620
MIAMI FL 33132

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.

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

TITLE P/D ☐ Delete
NAME BABUN, TEO A JR.
STREET ADDRESS 330 BISCAYNE BLVD. #620
CITY-ST-ZIP MIAMI FL 33132

TITLE TSD ☐ Delete
NAME ALLCORN, FRANK
STREET ADDRESS 330 BISCAYNE BLVD. #620
CITY-ST-ZIP MIAMI FL 33132

TITLE VP/D ☐ Delete
NAME SMITH, KENNETH DR.
STREET ADDRESS 330 BISCAYNE BLVD. #620
CITY-ST-ZIP MIAMI FL 33132

TITLE VP ☐ Delete
NAME HUGET, RAFAEL
STREET ADDRESS 330 BISCAYNE BLVD. #620
CITY-ST-ZIP MIAMI FL 33132

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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:

TEO A JR. BABUN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/12/00

Daytime Phone #

305-379-0601

CR2E037 (9/99)