

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701891

1. Entity Name

CORAL RIDGE PRESBYTERIAN CHURCH, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90085 035 ****70.00

Principal Place of Business

Mailing Address

5555 N. FEDERAL HIGHWAY
FORT LAUDERDALE FL 33308-3208

5555 N. FEDERAL HIGHWAY
FORT LAUDERDALE FLA 33308-3208

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1026547

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIEGENTHALER, RONALD L
10 NW 25 ST
GULF STREAM FL 33444

Name

Robert M. Allen, Jr.

Street Address (P.O. Box Number is Not Acceptable)

5341 NE 16 Terrace

City

Ft. Lauderdale

FL

Zip Code

33334

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

Robert M. Allen, Jr.

Robert M. Allen, Jr., VP

4-14-00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
KENNEDY, D. JAMES
2750 N.E. 58TH STREET
FT. LAUDERDALE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SIEGENTHALER, RONALD L
10 NW 25 ST
GULF STREAM FL 33444 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
ALLEN, ROBERT M.
5341 NE 16th TERRACE
FT. LAUDERDALE, FL 33334 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
DOMIN, DANIEL J
20821 SONETO DR
BOCA RATON FL 33433 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
KOVACK, R
180 COMPASS DR
FT LAUD FL 33308 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 M. Allen, Jr.

4-14-00

954-771-8840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)