

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90008 047 ****61.25

DOCUMENT # 706574

1. Entity Name

RIVIERA PRESBYTERIAN CHURCH

Principal Place of Business

Mailing Address

**5275 SUNSET DRIVE
 MIAMI FL 33143**

**5275 SUNSET DRIVE
 MIAMI FL 33143**

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

59-0799916

Applied For

Not Applicable

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

**ADMIRE, JACK G
 2505 PONCE DE LEON BOULEVARD
 CORAL GABLES FL 33134**

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	VD	<input type="checkbox"/> Delete
NAME	GERMAN, VIVIAN	
STREET ADDRESS	17001 SW 88 AVE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ZIMMERMAN, CHRISTINE	
STREET ADDRESS	5325 SW 80 ST	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	TD PD	<input type="checkbox"/> Delete
NAME	BARROW, HENRY H	
STREET ADDRESS	5890 S.W. 80 ST	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TROXELL, GEORGE	
STREET ADDRESS	14500 S.W. 92 AVE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
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		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Preedy, Michele	
STREET ADDRESS	6605 SW 55th	
CITY-ST-ZIP	Miami, FL 33155	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grossman, Lisa	
STREET ADDRESS	181 Crandon Blvd #405	
CITY-ST-ZIP	Key Biscayne, FL 33149	
TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bliss, Norman	
STREET ADDRESS	9195 SW 14 ST	
CITY-ST-ZIP	Miami, FL 33176-4329	
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		

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:

Vivian German

5/24/01

(305) 666-8586

CR2E037 (10/00)