

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709446

1. Entity Name

SOUTH EAST RECONCILIATION FELLOWSHIP OF CHURCH O

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90085 027 ****61.25

Principal Place of Business

11315 NW 43 PL
CORAL SPGS FL 33065
US

Mailing Address

11315 NW 43 PL
CORAL SPGS FL 33065-7220
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

59-1704749

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

ARTIS, A
11315 NW 43 PL
CORAL SPGS FL 33065

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 D ☐ Delete
NAME SMITH, REGINALD GEORGE
STREET ADDRESS 2310 NW 115TH DR.
CITY-ST-ZIP CORAL SPRINGS FL

TITLE ☐ Change ☒ Addition
NAME Secretary
STREET ADDRESS Gresham, Robert L. Jr.
CITY-ST-ZIP 4701 NW 17th Street
Lauderhill, FL 33311

TITLE T ☐ Delete
NAME ARTIS, A
STREET ADDRESS 11315 NW 43 PL
CITY-ST-ZIP CORAL SPGS FL 33065

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

TITLE PD ☒ Delete
NAME MILLER, EDGAR L
STREET ADDRESS 3330 NW 8TH PLACE
CITY-ST-ZIP FORT LAUDERDALE FL

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

TITLE SD ☐ Delete
NAME HARDEN, C. DANIEL
STREET ADDRESS 8790 SW 110TH ST
CITY-ST-ZIP MIAMI FL

TITLE PD ☒ Change ☐ Addition
NAME Harden, C. Daniel
STREET ADDRESS 8790 SW 110th St.
CITY-ST-ZIP Miami FL

TITLE D ☐ Delete
NAME ROSS, MRS. WILHELMIN
STREET ADDRESS 5630 NW 13TH CT
CITY-ST-ZIP LAUDERHILL FL

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

TITLE VP ☐ Delete
NAME ~~Robert Williams, Robert~~
STREET ADDRESS 720 NW 15th Ave
CITY-ST-ZIP Ft Lauderdale, FL 33311

TITLE VP ☐ Change ☒ Addition
NAME Williams, Robert
STREET ADDRESS 720 NW 15th Ave
CITY-ST-ZIP Ft Lauderdale, FL 33311

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:

André Artis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00
Date

954-345-5901
Daytime Phone #

CR200037 (9/99)