

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714200

1. Entity Name

CALVARY COMMUNITY CHURCH OF MIAMI, INC.

**FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90019 022 \*\*\*\*66.25

Principal Place of Business

573 CAMPUS STREET  
CELEBRATION FL 34747  
US

Mailing Address

573 CAMPUS STREET  
CELEBRATION FL 34747  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0873830

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

JONES, DONALD R. (DR.)  
573 CAMPUS ST  
CELEBRATION FL 34747

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**  
**After September 13, 2000 min. will be \$236.25**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	TSD			
	JONES, JR. D	6743 BROOKLINE DR	MIAMI FL	
	PD			
	JONES, DONALD R (DR.)	573 CAMPUS STREET	CELEBRATION FL	
	D			
	VANDUSER, KEVIN	19500 CYPRESS CT	MIAMI FL	
	D			
	PLATON, ALEX	16361 S.W. 10TH STREET	PEMBROKE PINES FL 33027	
	D			
	HERNANDEZ, JOSE	850 SE 3RD PLACE	HIALEAH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/00

Date

407-566-8333

Daytime Phone #