

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719092

1. Entity Name

BROWARD CHRISTIAN SCHOOLS, INC.

Principal Place of Business

1490 N.W. FLAMINGO RD.  
PLANTATION FL 33323-2331

Mailing Address

1490 N.W. FLAMINGO RD.  
PLANTATION FL 33323-2331

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

NICHOLS, RAY C  
1574 NW 103 TERRACE  
CORAL SPRINGS FL 33071

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	PD	<input type="checkbox"/> Delete
NAME	NICHOLS, RAY C	
STREET ADDRESS	1574 NW 103 TERRACE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOYER, JOHN SR.	
STREET ADDRESS	3200 N.W. 73RD AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROSS, JAMES S. JR.	
STREET ADDRESS	2366 N.W. 110 TERR.	
CITY-ST-ZIP	SUNRISE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEL PINO, JORGE	
STREET ADDRESS	1574 NW 103 TERR	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROEHRUG, KIM	
STREET ADDRESS	12441 SW 2 ST	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE	T	<input type="checkbox"/> Delete
NAME	NEWTON, ALICIA	
STREET ADDRESS	1520 SW 37 AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Jan 14, 2000 8:00 am  
Secretary of State

01-14-2000 90031 050 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1385857

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required