

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 23, 2001 08:00 AM****Secretary of State****DOCUMENT # 728680**1. Entity Name
OLD CUTLER CHRISTIAN COMMUNITY SERVICES, INC.Principal Place of Business
14401 OLD CUTLER ROAD
MIAMI FL 33158
Mailing Address
14401 OLD CUTLER ROAD
MIAMI FL 331582. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7371068
Applied For
Not Applicable5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent**JENSEN ROBERT WESQ.
4675 PONCE DE LEON BLVD., SUITE 305
CORAL GABLES FL 33146 US**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 _____ **02/23/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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	TD	<input type="checkbox"/> Delete
NAME	SHIFFER BROCK	
STREET ADDRESS	19035 BEL AIRE DRIVE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JOHNSON GEORGE F	
STREET ADDRESS	6842 SW 144 TERR	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROGERS CHARLES F	
STREET ADDRESS	7400 SW 105 PL.	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JENSEN ROBERT W	
STREET ADDRESS	13151 SW 71 AVE.	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
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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)(f), 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: George F Johnson SD **02/23/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)