

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90003 018 ****61.25

DOCUMENT # 738359

1. Entity Name

CHURCH BY THE SEA (NON-DENOMINATIONAL), INC.

Principal Place of Business

**CHURCH BY THE SEA
2455 E. SUNRISE BLVD., PH-E
FT LAUDERDALE FL 33316
US**

Mailing Address

**2700 MAYAN DR
2455 E. SUNRISE BLVD., PH-E
FT LAUDERDALE FL 33316
US**

2. Principal Place of Business

3. Mailing Address

2455 E. SUNRISE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PH-E

City & State

City & State

FT. LAUDERDALE, FL

Zip

Country

Zip

33304

Country

USA

4. FEI Number

59-1730183

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

**RUF, ALAN FRANCIS
2455 E. SUNRISE BLVD.
PH-E
FT. LAUDERDALE FL 33304**

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	<input type="checkbox"/> Delete
NAME	KIRK, AL	
STREET ADDRESS	1850 S OCEAN DRIVE, #211	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EVANS, WILLIAM R	
STREET ADDRESS	2728 MAYAN DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUF, ALAN F	
STREET ADDRESS	3900 NORTH OCEAN DRIVE #11-K	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL 33308	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT SELLARI	
STREET ADDRESS	3100 N. OCEAN DR # 2404	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
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

4/30/01

(954) 561-2230

Date

Daytime Phone #

CR2E037 (10/00)