

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741527

1. Entity Name

BIBLE FELLOWSHIP CHURCH, INC.

FILED

Feb 15, 2000 8:00 am  
Secretary of State

02-15-2000 90065 035 \*\*\*\*61.25

Principal Place of Business

5915 HAYES ST.  
HOLLYWOOD FL 33021-5170

Mailing Address

5915 HAYES ST.  
HOLLYWOOD FL 33021-5170

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1810723

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MEOLA, TONY JR.  
210 SW 7 STREET  
DANIA FL 33004

7. Name and Address of New Registered Agent

Name Tony Meola Jr.

Street Address (P.O. Box Number is Not Acceptable)

5910 Hayes Street

City Hollywood

FL

Zip Code 33021

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	D	<input type="checkbox"/> Delete
NAME	DODD, JAMES L.	
STREET ADDRESS	2100 S.W. 42 TERR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	E	<input type="checkbox"/> Delete
NAME	WALL, JOHN	
STREET ADDRESS	5739 MCKINLEY STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MEOLA, TONY	
STREET ADDRESS	5915 HAYES ST. 33021	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHRODER, MARK	
STREET ADDRESS	10801 NW 6 AVE.	
CITY-ST-ZIP	MIAMI FL 33150	
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
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:

Anthony Meola 2/8/00 954-986-4918

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)