2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 761392 Mar 04, 2000 8:00 am 1. Entity Name **Secretary of State** THE UNIVERSITY BAPTIST CHURCH OF CORAL GABLES, I 03-04-2000 90061 017 ****61.25 Principal Place of Business Mailing Address 624 ANASTASIA AVE 624 ANASTASIA AVE CORAL GABLES FL 33134-6404 CORAL GABLES FL 33134 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2159443 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JIMENEZ, MARCOS 10485 SW 70TH AVE **MIAMI FL 33156** Zip Code City FL 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. П Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Addition TITLE ☐ Change PD ☐ Delete TITLE NAME NAME WHITE, WILLIAM W STREET ADDRESS STREET ADDRESS 12740 SW 71ST AVE. CITY-ST-ZIP CITY-ST-ZIP Miam! Fl ☐ Addition ☐ Delete Change TITLE VD TITLE NAME NAME WIDEMAN, DAVID M. STREET ADDRESS STREET ADDRESS 5480 SW 80TH ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL X Delete Change ☐ Addition TITLE VD TITLE VD wood, Roy S NAME KIMBRELL, CHARLES NAME 1426 Santa Cruz STREET ADDRESS STREET ADDRESS 10500 SW 43RD ST CITY-ST-ZIP Coral Gables. 33134 CITY-ST-ZIP MIAMI FL 33165 **X** Change ☐ Addition SD 🔀 Delete TITLE TITLE Downs, Larry NAME NAME WEST, DENISE 9890 SW 724 Street STREET ADDRESS STREET ADDRESS 5325 ORDUNA DR CITY-ST-ZIP MIAMI, FL 33173 CITY-ST-ZIP CORAL GABLES FL 33146 ☐ Change ☐ Addition ☐ Delete TITLE TITLE Bartelt NAME BARTLETT, ROBERT NAME STREET ADDRESS STREET ADDRESS 1222 GENOA ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33134

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 attachmer

TITLE

NAME

STREET ADDRESS

CITY-ST-7JP

ASD

PONCETI, TONY

MIAMI FL 33166

9807 COSTA DEL SOL BLVD

TITLE

NAME

STREET ADDRESS

☐ Delete

Date Daytime Phone #