2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 08:00 AM
Secretary of State

DOCUMENT # 761392

1. Entity Name
THE UNIVERSITY BAPTIST CHURCH OF CORAL GABLES, INC.

Principal Place of Business	Mailing Address
624 ANASTASIA AVE	624 ANASTASIA AVE
CORAL GABLES FL 33134	CORAL GABLES FL 33134

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2159443 ☐ 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
JIMENEZ MARCOS 10485 SW 70TH AVE MIAMI FL 33156	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 _____ 03/28/2001
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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	ASD	☐ Delete	TITLE	ASD	☒ Change ☐ Addition
NAME	PONCETI TONY		NAME	WOOD SUE	
STREET ADDRESS	9807 COSTA DEL SOL BLVD		STREET ADDRESS	1426 SANTA CRUZ	
CITY-ST-ZIP	MIAMI FL 33166		CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	TD	☐ Delete	TITLE	TD	☒ Change ☐ Addition
NAME	BARTELT ROBERT		NAME	REAVES, SR. JOHN	
STREET ADDRESS	1222 GENOA ST		STREET ADDRESS	6790 SW 98TH STREET	
CITY-ST-ZIP	MIAMI FL 33134		CITY-ST-ZIP	MIAMI FL 33156	
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DOWNS LARRY		NAME		
STREET ADDRESS	9890 SW 72ND ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33173		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	VD	☒ Change ☐ Addition
NAME	WOOD ROY S		NAME	NEWCOMM, JR PHILLIP DR	
STREET ADDRESS	1426 SANTA CRUZ		STREET ADDRESS	6463 SUNSET DRIVE	
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP	MIAMI FL 33143	
TITLE	VD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WIDEMAN, DAVID M.		NAME		
STREET ADDRESS	5480 SW 80TH ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WHITE WILLIAM W		NAME		
STREET ADDRESS	12740 SW 71ST AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		

CR2E037 (11/00)

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: DAVID M. WIDEMAN VD 03/28/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #