2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#761392

FILED Apr 17, 2003 Secretary of State

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

	Current Principal Place of Business:				New Principal Place of Business:			
	TASIA AVE ABLES, FL 33	3134						
Current Mailing Address:				New Mailing Address:				
	TASIA AVE ABLES, FL 33	3134						
FEI Number:	59-2159443	FEI Number Applied	For () FEI Numb	oer Not Appli	cable () Ce	rtificate of Status Desired ()	
Name and	Address of	Current Registered	Agent: I	Name and	Address of New	Registered Agent:		
ADAMS, R 200 S. BIS SUITE 400 MIAMI, FL	CAYNE BOU! 0	LEVARD						
	named entity of Florida.	submits this stateme	ent for the purpose of	changing it	s registered office	e or registered agent, or l	both,	
SIGNATUF								
	Electro	nic Signature of Regi	stered Agent			Date		
OFFICERS	S AND DIREC	CTORS:	,	ADDITION	S/CHANGES TO	OFFICERS AND DIREC	CTORS:	
Title: Name:	WHITE, WILL) Delete AM W		Γitle: Name:	() Cha	inge () Addition		
	12740 SW 71 MIAMI, FL	ST AVE.		Address: City-St-Zip:				
City-St-Zip: Title: Name: Address:	MIAMI, FL) Delete NID M., A N	C N A		()Cha	inge () Addition		
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	MIAMI, FL VD (WIDEMAN, DA 3130 SEGOVI CORAL GABL VD () Delete NID M., A N ES, FL 33134) Delete R, PHILLIP DR DRIVE	C N A C T N A	City-St-Zip: Fitle: Name: Address:	.,	ange () Addition		
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	VD (WIDEMAN, DA 3130 SEGOVI CORAL GABL VD (NEWCOMM, C 6463 SUNSET MIAMI, FL 33) Delete AVID M., A N ES, FL 33134) Delete R, PHILLIP DR DRIVE 143) Delete B H STREET		City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	VD (X) Cha FREEBURG, RICK 6401 SW 96TH STR MIAMI, FL 33156	ange () Addition REET ange () Addition		
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I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM W WHITE PD 04/17/2003