

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762863

1. Entity Name

NORTH DADE PRESBYTERIAN CHURCH, INC.

Principal Place of Business

21011 JOHNSON ST
#131-132
PEMBROKE PINES FL 33029
US

Mailing Address

21011 JOHNSON ST
#131
PEMBROKE PINES FL 33029
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2204291

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

JORDAN, CHRIS B
15175 EAGLE NEST LANE
#103
MIAMI LAKES FL 33014

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

Chris B Jordan

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/2001

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	ALVARADO, LUIS	
STREET ADDRESS	4185 SW 148 TERR	
CITY-ST-ZIP	MIAMI FL 33027	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPANGLER, BILL	
STREET ADDRESS	18328 NW 9 DR	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	T	<input type="checkbox"/> Delete
NAME	JORDAN, CHRIS B	
STREET ADDRESS	15175 EAGLE NEST LANE #103	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	P	<input type="checkbox"/> Delete
NAME	UPLINGER, CHARLES	
STREET ADDRESS	17511 NW 12 STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
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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 REQUIRED

CHARLES UPLINGER 2/22/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-800-597-2885 X 131

FILED
Mar 01, 2001 8:00 am
Secretary of State

01-30-2001 90182 026 ****61.25

05099



DO NOT WRITE IN THIS SPACE

CR2037 (10/00)