

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90198 018 \*\*\*\*70.00

**DOCUMENT # 809772**

1. Entity Name

**GENERAL CONFERENCE CORPORATION OF SEVENTH-DAY AD**

Principal Place of Business

Mailing Address

**SEVENTH-DAY ADVENTISTS  
 760 PONCE DE LEON BOULEVARD  
 CORAL GABLES FL 33134**

**P O BOX 140760  
 MIAMI FL 33114-0760  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-6001176**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**RAMON H. MAURY  
 12302 S.W. 104TH LANE  
 MIAMI FL 33186**

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

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

| 10. OFFICERS AND DIRECTORS |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>PD</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>LEITO, ISRAEL J</b>                    | NAME  |   |
| STREET ADDRESS             | <b>15977 SW 110 ST</b>                    | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>MIAMI FL</b>                           | CITY-ST-ZIP   |   |
| TITLE                      | <b>TD</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MAURY, RAMON H.</b>                    | NAME  |   |
| STREET ADDRESS             | <b>12302 S.W. 104TH LANE</b>              | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>MIAMI FL</b>                           | CITY-ST-ZIP   |   |
| TITLE                      | <b>SD</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GALICIA, AGUSTIN</b>                   | NAME  |   |
| STREET ADDRESS             | <b>5428 SW 152 PLACE CIRCLE</b>           | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>MIAMI FL</b>                           | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete           | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | NAME  |   |
| STREET ADDRESS             |   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |   | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete           | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | NAME  |   |
| STREET ADDRESS             |   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |   | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete           | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | NAME  |   |
| STREET ADDRESS             |   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |   | 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:

*Ramon H. Maury*  
**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*January 12/00*

Date

Daytime Phone #

CR2E037 (9/99)