

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000001209

1. Entity Name

UNITED CHRISTIAN EVANGELISTIC ASSOCIATION OF FLO  
RIDA, INC.

Principal Place of Business

Mailing Address

10101 COLLINS AVENUE  
#15E/15F  
BAL HARBOUR FL 33154

10101 COLLINS AVENUE  
#15E/15F  
BAL HARBOUR FL 33154

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

046148638

☒ 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

SHNIDER, RONALD E ESQ.  
1333 SOUTH UNIVERSITY DRIVE  
SUITE 201  
PLANTATION FL 33324

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 reissuing)

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

PD  
KOETTER, F. EIKEREN  
10101 COLLINS AVENUE #15E/15F  
BAL HARBOUR FL 33154

☐ Delete

TITLE  
NAME  
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F. Eikerenkoetter

☒ Change ☐ Addition

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VPTD  
DENT, E.M.  
10101 COLLINS AVENUE #15E/15F  
BAL HARBOUR FL 33154

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POSEY, K.  
10101 COLLINS AVENUE #15E/15F  
BAL HARBOUR FL 33154

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jun 20, 2002 8:00 am  
Secretary of State

05-22-2002 90196 009 \*\*\*\*61.25

36164



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)