

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09905

1. Entity Name

BISCAYNE COMMUNITY CHURCH, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90033 010 ****70.00

Principal Place of Business

15300 SW 288 ST
15300 S.W. 288TH ST.
HOMESTEAD FL 33033
US

Mailing Address

15300 SW 288 ST
15300 S.W. 288TH ST.
HOMESTEAD FL 33033-1355
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1360653

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

ROBERTS, CHERYL L
9941 SW 198TH ST
MIAMI FL 33157

Name

ROBERTS, CHERYL L.

Street Address (P.O. Box Number is Not Acceptable)

16251 S.W. 282ND ST.

City

HOMESTEAD

FL

Zip Code

33033

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

Cheryl L. Roberts

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/16/00

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 ☐ Delete
NAME DT
STREET ADDRESS COLEMAN, JOHN R JR
CITY-ST-ZIP 1720 NW 11TH AVE
HOMESTEAD FL 33030

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME DP
STREET ADDRESS ROBERTS, TOM
CITY-ST-ZIP 9941 SW 198TH STREET
MIAMI FL 33033

TITLE ☐ Change ☐ Addition
NAME ROBERTS, TOM
STREET ADDRESS 16251 SW 282ND STREET
CITY-ST-ZIP HOMESTEAD FL 33033

TITLE ☐ Delete
NAME D
STREET ADDRESS FULLER, JAMES
CITY-ST-ZIP 18766 SW 344 DRIVE
HOMESTEAD FL 33034

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

John R. Coleman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 Jan 2000 305-
242-9883

Date

Daytime Phone #

CR2E037 (9/99)