

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90125 044 \*\*\*\*70.00

**DOCUMENT # N09905**

1. Entity Name

**BISCAYNE COMMUNITY CHURCH, INC.**

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  
 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

**59-1360653**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**ROBERTS, CHERYL L**  
**16251 SW 282ND ST**  
**HOMESTEAD FL 33033**

7. Name and Address of New Registered Agent

Name **John R Coleman**

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

**1720 NW 11 ave**

City **Homestead, FL**

Zip Code **33030**

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 **John R Coleman**  
 Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**13 Jan 2002**  
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT COLEMAN, JOHN R JR 1720 NW 11TH AVE HOMESTEAD FL 33030	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROBERTS, TOM 16251 SW 282ND STREET HOMESTEAD FL 33033	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULLER, JAMES 18766 SW 344 DRIVE HOMESTEAD FL 33034	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Curtiss, Kevin E 1660 NE 9th Homestead, FL 33030	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

**13 Jan 2002 305 283 8643**  
 Date Daytime Phone #

CR2E037 (9/01)