

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22784

1. Entity Name

BOCA RATON CHRISTIAN CENTER, INC.

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90102 022 \*\*\*\*70.00

Principal Place of Business

Mailing Address

363 NW 46 STREET  
POMPANO BEACH FL 33064  
US

363 NW 46 STREET  
POMPANO BEACH FL 33064-2542  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0010377

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

HUTCHER, JERALD M  
363 NW 46 STREET  
POMPANO BEACH FL 33064

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

TITLE VD ☐ Delete  
NAME COOLING, JEFFREY P  
STREET ADDRESS 108 N. CORTEZ CIRCLE, APT. D  
CITY-ST-ZIP MARGATE FL 33068

TITLE VD ☒ Change ☐ Addition  
NAME COOLING, JEFFREY P.  
STREET ADDRESS 551 NW 80 AVE. #106  
CITY-ST-ZIP MARGATE, FL 33063

TITLE SD ☐ Delete  
NAME JOHNSON, ROBERT C JR  
STREET ADDRESS 324 EMERSON CIRCLE  
CITY-ST-ZIP PALM SPRINGS FL 33461

TITLE SD ☒ Change ☐ Addition  
NAME JOHNSON, ROBERT C. JR.  
STREET ADDRESS 324 EMERSON CIRCLE  
CITY-ST-ZIP PALM-SPRINGS, FL 33461

TITLE PD ☐ Delete  
NAME HUTCHER, JERALD M  
STREET ADDRESS 363 NW 46TH ST.  
CITY-ST-ZIP POMPANO BEACH FL 33064

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: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-2000

561-434-8513

Date

Daytime Phone #

CR2E037 (9/99)