

2000 UNIFORM BUSINESS REPORT (UBR)

1/28/00-90128-040-\$61.25-\$61.25

DOCUMENT # N28908

1. Entity Name

FIRST PRESBYTERIAN CHURCH OF MIRAMAR, INC.

Principal Place of Business

FIRST PRESBYTERIAN
6701 SW 25 STREET
MIRAMAR FL 33023-2740
US

Mailing Address

FIRST PRESBYTERIAN
6701 SW 25 STREET
MIRAMAR FL 33023-2740
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

59-1355084

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

RAMKISSOON, MARIA C.
114 EDMUND ROAD
#1
HOLLYWOOD FL 33023

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

Maria C. Ramkisson / Maria C. Ramkisson

1/20/2000

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	D	<input type="checkbox"/> Delete
NAME	EBERLE, WAYNE	
STREET ADDRESS	6425 SW 21ST STREET	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MODER, TILLIE	
STREET ADDRESS	3241 SW 68 AVE	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RAMKISSOON, MARIA	
STREET ADDRESS	114 EDMOND ROAD	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RAMKISSON, GOBIN	
STREET ADDRESS	114 EDMOND ROAD	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHITE, BONNY	
STREET ADDRESS	2240 GULFSTREAM DR	
CITY-ST-ZIP	MIRAMAR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EBERLE, WAYNE	
STREET ADDRESS	6425 SW 21ST D	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATTY STOVER	
STREET ADDRESS	1720 N. 53 AVE D	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REMOVE	
STREET ADDRESS	BONNY WHITE	
CITY-ST-ZIP	2240 GULFSTREAM DR	
	MIRAMAR, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Wayne Eberle Pres. 1-20-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

00 MAR -9 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

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