

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90200 029 \*\*\*\*61.25

633422



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N29606**

1. Entity Name  
**FORT LAUDERDALE CHRISTIAN REFORMED CHURCH**

|   |   |
|---|---|
| Principal Place of Business<br>6400 NW 31ST AVE<br>FORT LAUDERDALE FL 33309<br>US | Mailing Address<br>6400 NW 31ST AVE<br>FORT LAUDERDALE FL 33309<br>US |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                             | 3. Mailing Address<br>Suite, Apt. #, etc.                             |
| City & State  | City & State  |
| Zip Country   | Zip Country   |

4. FEI Number **59-6141923** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VAN HOFWEGEN, ROBERT**  
**6400 NW 31ST AVE**  
**FT. LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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<br>D<br>TUBBERGEN, EDWARD<br>3217 NW 34TH CT.<br>FORT LAUDERDALE FL 33309 | <input type="checkbox"/> Delete            |
| TITLE NAME<br>D<br>VEENSTRA, DAVID<br>314 LAUREL DR.<br>MARGATE FL 33063             | <input checked="" type="checkbox"/> Delete |
| TITLE NAME<br>D<br>O'BRIEN, FRANK<br>4941 NW 53RD AVE.<br>COCONUT FL 33073           | <input type="checkbox"/> Delete            |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete            |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete            |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete            |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|   |  |
|---|--|
| TITLE NAME<br>D<br>BALFOORT, ROBERT<br>1040 NW 45TH AVE.<br>COCONUT CREEK, FL 33066 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE NAME<br>STREET ADDRESS<br>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)(j), 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: *Robert Van Hofwegen* Robert Van Hofwegen **2-13-01** **954-971-3050**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)