

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30181

1. Entity Name

NORTH MIAMI AVENUE CHURCH OF CHRIST

Principal Place of Business

13521 MEMORIAL HWY
MIAMI FL 33161
US

Mailing Address

5 NW 164TH STREET
MIAMI FL 33169-6525
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

65-0078354

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

DORVIL, JOSEPH
1645 N.W. 129TH STREET
MIAMI FL 33168

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 SD
NAME LUCAS, DAVID A. (SR) ☐ Delete
STREET ADDRESS 5 NW 164 ST.
CITY-ST-ZIP MIAMI FL 33168

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

TITLE TD
NAME DORVIL, JOSEPH ☐ Delete
STREET ADDRESS 1645 N.W. 129TH STREET
CITY-ST-ZIP NO. MIAMI FL 33168

TITLE VD ☐ Change ☐ Addition
NAME DORVIL, JOSEPH
STREET ADDRESS 1645 N.W. 129TH STREET
CITY-ST-ZIP NO. MIAMI FL 33168

TITLE PD
NAME PRENTICE, RONALD ☐ Delete
STREET ADDRESS 10335 NW 5 AVE
CITY-ST-ZIP MIAMI FL 33150

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

TITLE VD
NAME LUCAS, DAVID J ☐ Delete
STREET ADDRESS 5 NW 164 ST
CITY-ST-ZIP MIAMI FL 33168

TITLE TD ☐ Change ☐ Addition
NAME TOM LUCAS
STREET ADDRESS 5 N.W. 164 STREET
CITY-ST-ZIP MIAMI FL 33168

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:

David, LUCAS SD 2-21-2000 305 940-3004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE