

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38484

1. Entity Name

CALVARY CHAPEL OF SUNRISE, INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90171 006 \*\*\*\*70.00

Principal Place of Business  
10070 W MCNAB ROAD  
TAMARAC FL 33321  
US

Mailing Address  
10070 W MCNAB ROAD  
TAMARAC FL 33321-1894  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0197872**

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

GOMEZ, FIDEL B.  
1986 NW 32 ST.  
OAKLAND PARK FL 33309

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	PVTD	<input type="checkbox"/> Delete
NAME	GOMEZ, FIDEL B.	
STREET ADDRESS	1986 NW 32ND ST.	
CITY-ST-ZIP	OAKLAND PARK FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LAWSON, BEN	
STREET ADDRESS	700 N. POPLAR ST.	
CITY-ST-ZIP	ABERDEEN NC 28315	
TITLE	D	<input type="checkbox"/> Delete
NAME	PASQUALE, STEVEN	
STREET ADDRESS	7861 NW 21ST ST	
CITY-ST-ZIP	SUNRISE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Fidel B Gomez* **REQUIRE** *FIDEL B GOMEZ 4/24/00 (954) 720-1007*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)