

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90056 043 ****61.25

DOCUMENT # N40031

1. Entity Name

NORTH DADE CHURCH OF CHRIST, INC.

Principal Place of Business

Mailing Address

17221 NW 32 CT
CAROL CITY FL 33056

17221 NW 32 CT
CAROL CITY FL 33056

2. Principal Place of Business

3. Mailing Address

4601 NW 159TH ST.

4601 NW 159TH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OPA-LOCKA FL.

OPA-LOCKA FL.

Zip

Country

Zip

Country

33054

USA

33054

USA

4. FEI Number

65-0302061

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

BRYANT, LLOYD
17221 NW 32 CT
CAROL CITY FL 33056

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

Lloyd Bryant

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/12/2001

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BRYANT, LLOYD
17221 NW 32 CT
CORAL CITY FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
RILEY, JOHN
890 NW 213 TERR APT H208 BLDG 1
N MIAMI FL 33169-2080

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
HAMILTON, RALPH H.
3921 SW 27 ST
HOLLYWOOD FL

☐ Delete

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

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☐ Change ☐ Addition

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:

Lloyd Bryant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/2001

Date

305)620-6390

Daytime Phone #

CR2E037 (10/00)