

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44080

1. Entity Name

BIBLICAL ALTERNATIVES FELLOWSHIP, INC.

Principal Place of Business

4861 N. DIXIE HWY  
OAKLAND PARK FL 33334  
US

Mailing Address

4821 NW 15TH ST.  
COCONUT CREEK FL 33063-9299  
US

2. Principal Place of Business

8241 W. Atlantic Blvd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Zip

Zip

Country

33071

Country

USA

Zip

Country

6. Name and Address of Current Registered Agent

ROWITT, STEVEN  
4821 NW 15TH ST.  
COCONUT CREEK FL 33063

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

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

*Steven Rowitt* director + President  
Signature, typed or printed name of registered agent and if not applicable. (NOTE: Registered Agent signature required when reinstating)

1/14/00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ROWITT, STEVEN	
STREET ADDRESS	4821 NW 15TH ST.	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHAPMAN, WILLIAM	
STREET ADDRESS	7365 NW 15TH ST.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEINER, LAWRENCE	
STREET ADDRESS	6410 SW 136TH AVE	
CITY-ST-ZIP	FT. LAUDERDALE 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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SECRETARY/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YVONNE ROWITT	
STREET ADDRESS	4821 NW 15 ST	
CITY-ST-ZIP	COCONUT CREEK, FL 33063	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUCE KUTIKOFF	
STREET ADDRESS	2661 HAMPTON CIRCLE	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
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 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:

*Steven Rowitt* director + President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/00 (954) 971-6718  
Date Daytime Phone #

CR2E037 (9/99)