

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000750

1. Entity Name

LATIN AMERICAN CHRISTIAN CENTER GETSEMANI ASSEMB

Principal Place of Business

Mailing Address

4424 NW 13TH ST  
STE A-11  
GAINESVILLE FL 32609  
US

P.O. BOX 4116  
GAINESVILLE FL 32613-4116  
US

2. Principal Place of Business

3. Mailing Address

4424 NW 13 ST

Suite, Apt. #, etc.

Suite A-4

City & State

GAINESVILLE FL

Zip

Country

32609

USA

Zip

Country

4. FEI Number

59-3164570

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

ROJAS, RAMON J  
3631 N.W. 19TH ST.  
GAINESVILLE FL 32605

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

4-24-00

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 PD ☐ Delete  
NAME ROJAS, RAMON J  
STREET ADDRESS 3631 N.W. 19TH STREET  
CITY-ST-ZIP GAINESVILLE FL 32605

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

TITLE TD ☐ Delete  
NAME ZAMOT, JOSE M  
STREET ADDRESS 7318 NW 52ND TERRACE  
CITY-ST-ZIP GAINESVILLE FL

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

TITLE SD ☐ Delete  
NAME CANIZARES, ILEANA  
STREET ADDRESS 3223 N.W. 51ST PLACE  
CITY-ST-ZIP GAINESVILLE FL

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

TITLE ☐ Delete  
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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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00

(352)-378-0078

Date

Daytime Phone #

CR2E037 (9/99)