2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **N94000002299** Apr 27, 2000 8:00 am Secretary of State AMERICAN CHAMBER OF CHRISTIANS IN BUSINESS, INC. 04-27-2000 90108 016 ****61.25 Mailing Address Principal Place of Business 3300 SE 6TH AVE PO ROX 490 FT LAUDERDALE FL 33302-0480 FT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0595495 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent ____ 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DAVELL, WILLIAM C ESQ. MAY, MEACHAM & DAVELL, P.A. ONE FINANCIAL PLAZA, STE 2602 City Zip Code FT LAUDERDALE FL 33394 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition TITLE TITLE □ Delete NAME NAME MCCONNELL M C STREET ADDRESS STREET ADDRESS 2269 S UNIVERSITY DR #330 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33324 X Addition Change D 🔀 Delete TITLE MATTHEW WEISSING NAME KELLEY, STEVE NAME 4875 N. FEDERAL HISHUMY, 10th Floor STREET ADDRESS STREET ADDRESS 2314 NE 12TH CT FORT LAUDERDALE, FL 33308 CITY-ST-ZIP CITY-ST-ZIF FT LAUDERDALE FL **Addition X** Delete Change TITLE SD TITLE THOMAS MEENA NAME HREBIK, KEVIN NAME 100 NE THERE AVENUE, SUITE 600 STREET ADDRESS STREET ADDRESS 1324 AVON LN SUITE 1131 FORT LAUDERDALE, FL 33301 CITY-ST-ZIP CITY-ST-ZIP N LAUDERDALE FL 33068 ☐ Change Addition SD ☐ Delete TITLE TITLE NAME CONIGLIO, JOHN A NAME STREET ADDRESS STREET ADDRESS 2131 HOLLYWOOD BLVD SUITE 302 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 PO **X** Addition TITLE ☐ Change Delete PD TITLE MIKE RISUCCI NAME NAME SCOTT, TOM 4250 N. FEDERAL HIGHWAY STREET ADDRESS STREET ADDRESS 2101 W CYPRESS CREEK RD CJTY-ST-ZIP LIGHTHOUSE POINT, FL 33064 CITY-ST-7IP FT LAUDERDALE FL 33309 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME UNGERBUEHLER, RICHARD NAME STREET ADDRESS STREET ADDRESS 3300 SE 6TH AVE CITY-ST-ZIE CITY-ST-ZIP FT LAUDERDALE FL 33316 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.

LEEDUIR THOMAS MOENA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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