

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
 05-10-2001 90035 044 ****61.25

DOCUMENT # N94000002299

1. Entity Name

AMERICAN CHAMBER OF CHRISTIANS IN BUSINESS, INC.

Principal Place of Business

3300 SE 6TH AVE
 FT LAUDERDALE FL 33316
 US

Mailing Address

PO BOX 480
 FT LAUDERDALE FL 33302
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0595495

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

DAVELL, WILLIAM C ESQ
 MAY, MEACHAM & DAVELL, P.A.
 ONE FINANCIAL PLAZA, STE 2602
 FT LAUDERDALE FL 33394

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 **D** ☐ Delete
 NAME **MCCONNELL, M C**
 STREET ADDRESS **2269 S UNIVERSITY DR #330**
 CITY-ST-ZIP **FT LAUDERDALE FL 33324**

TITLE ☒ Change ☐ Addition
 NAME **432 NW 70 AVENUE, #131**
 STREET ADDRESS **PLANTATION, FL 33317**
 CITY-ST-ZIP **PD**

TITLE **VD** ☐ Delete
 NAME **WEISSING, MATTHEW**
 STREET ADDRESS **4875 N. FEDERAL HWY. 10TH FL**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE ☒ Change ☐ Addition
 NAME **PD**
 STREET ADDRESS **PD**
 CITY-ST-ZIP **PD**

TITLE **TD** ☐ Delete
 NAME **MEENA, THOMAS**
 STREET ADDRESS **100 NE 3RD AVE. STE. 600**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE ☐ Change ☐ Addition
 NAME **MEENA, THOMAS**
 STREET ADDRESS **100 NE 3RD AVE. STE. 600**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE **SD** ☐ Delete
 NAME **CONIGLIO, JOHN A**
 STREET ADDRESS **2131 HOLLYWOOD BLVD SUITE 302**
 CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE ☒ Change ☐ Addition
 NAME **4801 South University Dr, Suite 3000**
 STREET ADDRESS **DAVIE FL 33328**
 CITY-ST-ZIP **DAVIE FL 33328**

TITLE **PD** ☐ Delete
 NAME **RISUCCI, MIKE**
 STREET ADDRESS **4250 N. FEDERAL HWY**
 CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **D**
 CITY-ST-ZIP **D**

TITLE **PD** ☒ Delete
 NAME **UNGERBUEHLER, RICHARD**
 STREET ADDRESS **3300 SE 6TH AVE**
 CITY-ST-ZIP **FT LAUDERDALE FL 33316**

TITLE ☐ Change ☒ Addition
 NAME **VD**
 STREET ADDRESS **DICK ROBINSON**
 CITY-ST-ZIP **432 NW 70 AVENUE, #131**
PLANTATION FL 33317

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:

Thomas Meena
THOMAS MEENA, Treasurer

4/23/01

954-356-5679

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)