

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90082 035 \*\*\*\*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

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

7. Name and Address of New Registered Agent

Name

**RUSSELL WHITE**

Street Address (P.O. Box Number is Not Acceptable)

**1401 EAST BROWARD BLVD.**

City

**FT LAUDERDALE**

**FL**

Zip Code

**33301**

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

TITLE **D** ☐ Delete  
 NAME **MCCONNELL, M C**  
 STREET ADDRESS **432 NW 70 AVENUE, STE 131**  
 CITY-ST-ZIP **PLANTATION FL 33317**

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

TITLE **TD** ☒ Delete  
 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 **4801 SOUTH UNIVERSITY DR, STE 3000**  
 CITY-ST-ZIP **DAVIE FL 33328**

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

TITLE **VD** ☐ Delete  
 NAME **ROBINSON, DICK**  
 STREET ADDRESS **432 NW 70 AVENUE, STE 131**  
 CITY-ST-ZIP **PLANTATION FL 33317**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☒ Addition  
 NAME **TO MICHAEL R. WATSON**  
 STREET ADDRESS **8251 W. BROWARD SUITE 207**  
 CITY-ST-ZIP **PLANTATION, FL. 33324**

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

TITLE ☐ Change ☒ Addition  
 NAME **C. LON SMITH**  
 STREET ADDRESS **P.O. Box 9583**  
 CITY-ST-ZIP **FT. LAUDERDALE, FL. 33310**

TITLE ☐ Change ☐ 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:

**Michael R. Watson**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)