

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005363

1. Entity Name

CHURCH CHRIST IS THE WAY, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90019 039 ****70.00

Principal Place of Business Mailing Address
P.O. BOX 721235 P.O. BOX 721235
ORLANDO FL 32872 ORLANDO FL 32872-1235
US 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 59-3272131 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

LOPEZ, EDGARDO L. REV
6857 LONG NEEDLE CT.
ORLANDO FL 32822

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 _____ (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	PD	<input type="checkbox"/> Delete
NAME	LOPEZ, EDGARDO L	
STREET ADDRESS	6857 LONG NEEDLE CT.	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TAMAYO, ANTONIO	
STREET ADDRESS	552 MARIGOLD AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TAMAYO, MIRIAM	
STREET ADDRESS	552 MARIGOLD AVE	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LOPEZ-HINZ, NORMAN	
STREET ADDRESS	6857 LONG NEEDLE COURT	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOPEZ-HINZ, NORMAN	
STREET ADDRESS	6857 LONG NEEDLE CT	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE		<input type="checkbox"/> Delete
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/00

Date

407 658 2893

Daytime Phone #

CR2E037 (9/99)