

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005483

1. Entity Name

CHICKEE BAPTIST CHURCH OF HOLLYWOOD, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90055 001 ****70.00

Principal Place of Business

2910 JOSIE BILLIE AVENUE
HOLLYWOOD FL 33024

Mailing Address

6700 RALEIGH ST
HOLLYWOOD FL 33024-2808
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

65-0548593

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

PAYNE, ARLEN
6700 RALEIGH STREET
HOLLYWOOD FL 33024

7. Name and Address of New Registered Agent

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

TITLE	PD	☐ Delete
NAME	PAYNE, ARLEN	
STREET ADDRESS	C/O 6700 RALEIGH AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	☐ Delete
NAME	MICCO, VINCENT	
STREET ADDRESS	6311 NW 34TH ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	☐ Delete
NAME	BILLIE, SALLY	
STREET ADDRESS	3021 NW 63RD AVE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	☐ Delete
NAME	JUDY BAKER, JOBY	
STREET ADDRESS	3003 HOWARD TOMMIE DR	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	T	☐ Delete
NAME	MICCO, LORETTA	
STREET ADDRESS	63311 NW 34TH ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	S	☐ Delete
NAME	HARRIS, H P	
STREET ADDRESS	6580 ERIC CIRCLE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33314	

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

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/00
Date

954-834-5657
Daytime Phone #

CR2E037 (9/99)