

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90184 031 ****61.25

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DOCUMENT # N95000003982

1. Entity Name

SOUTHGATE CHURCH OF CHRIST, INC.

Principal Place of Business

2201 W SAMPLE RD
POMPANO BEACH FL 33073
US

Mailing Address

8291 NW 68 TERR
TAMARAC FL 33321
US

917120



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8601 W. Commercial Blvd

Suite, Apt. #, etc.

3. Mailing Address

7917 N.W. 7TH COURT

Suite, Apt. #, etc.

City & State

TAMARAC, FLORIDA

City & State

PLANTATION, FLORIDA

4. FEI Number

65-0594875

Applied For

Not Applicable

Zip

33321

Country

USA

Zip

33324

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, LYNDON L
8291 NW 68 TERRACE
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name

LEON ROBERTS

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

7917 N.W. 7 COURT

City

PLANTATION

FL

Zip Code 33324

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

Leon M. Roberts TSD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02-04-01

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 ~~PDT~~ ☒ Delete
NAME ~~BROWN, LYNDON L~~
STREET ADDRESS ~~8291 NW 68 TERR~~
CITY-ST-ZIP ~~TAMARAC FL 33321~~

TITLE ~~D~~ ☐ Delete
NAME ~~WILDER, SHERMAN~~
STREET ADDRESS ~~2500 CORAL SPRINGS DRIVE #215~~
CITY-ST-ZIP ~~CORAL SPRINGS FL~~

TITLE ~~D~~ ☐ Delete
NAME ~~ROBERTS, LEON~~
STREET ADDRESS ~~7917 NW 7 CT~~
CITY-ST-ZIP ~~PLANTATION FL 33068~~

TITLE ~~VD~~ ☐ Delete
NAME ~~AVERY, WALT~~
STREET ADDRESS ~~5748 S PLUM BAY PARKWAY~~
CITY-ST-ZIP ~~TAMARAC FL 33321~~

TITLE ~~SD~~ ☒ Delete
NAME ~~CALHOUN, WILLIE~~
STREET ADDRESS ~~10520 NW 41 ST~~
CITY-ST-ZIP ~~CORAL SPRINGS FL 33065~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ~~VD~~ ☒ Change ☐ Addition
NAME ~~WILDER, SHERMAN~~
STREET ADDRESS ~~12240 ROYAL PALM BLVD~~
CITY-ST-ZIP ~~CORAL SPRINGS, FL 33065~~

TITLE ~~TSD~~ ☒ Change ☐ Addition
NAME ~~ROBERTS, LEON~~
STREET ADDRESS ~~7917 N.W. 7 CT.~~
CITY-ST-ZIP ~~PLANTATION, FL 33324~~

TITLE ~~PD~~ ☒ Change ☐ Addition
NAME ~~AVERY, WALT~~
STREET ADDRESS ~~5748 S. PLUMBAY PARKWAY~~
CITY-ST-ZIP ~~TAMARAC, FL 33321~~

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: *Leon M. Roberts* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-04-01 (954) 485-7544

Date

Daytime Phone #

CR2E037 (10/00)