

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000068

1. Entity Name

HARVEST CHAPEL OF CORAL SPRINGS, INC.

Principal Place of Business

1901 CORAL RIDGE DR  
CORAL SPRINGS FL 33071  
US

Mailing Address

1901 CORAL RIDGE DR  
CORAL SPRINGS FL 33071  
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

65-0646811

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

MACHADO, JOHN  
607 LAKEVIEW DR  
CORAL SPRINGS FL 33071

Name DOUGLAS J. STRADER

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

992 NW 83 DRIVE

City

CORAL SPRINGS

FL

Zip Code

33071

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 PD  
NAME STRADER, DOUGLAS J  
STREET ADDRESS 992 NW 83 DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL 33071 ☐ Delete

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

TITLE VD  
NAME WHITLATCH, JAMES DR  
STREET ADDRESS 3790 NW 19 STREET  
CITY-ST-ZIP COCONUT CREEK FL 33066 ☐ Delete

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

TITLE ST  
NAME HOHN, WILLIAM  
STREET ADDRESS 9408 NW 38TH ST  
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Delete

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

TITLE T  
NAME LAMB, ROBERT  
STREET ADDRESS 12151 NW 35 STREET  
CITY-ST-ZIP SUNRISE FL 33323 ☐ Delete

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

TITLE T  
NAME MACHADO, JOHN  
STREET ADDRESS 2725 SW 38TH STREET  
CITY-ST-ZIP MIRAMAR FL 33029 ☒ Delete

TITLE T  
NAME LUIS (DAVE) RAMOS  
STREET ADDRESS 6600 NW 20 STREET  
CITY-ST-ZIP MARGATE, FL 33063 ☐ Change ☒ Addition

TITLE T  
NAME FUNK, BARRY  
STREET ADDRESS 7602 SUNFLOWER DRIVE  
CITY-ST-ZIP MARGATE FL 33063 ☐ Delete

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

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: X

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUG STRADER

JAN. 18, 2001

345-6553

Date

Daytime Phone #

CR2E037 (10/00)