

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000772

1. Entity Name

UNITED CHRISTIAN MISSIONARY BAPTIST CHURCH, INCO

Principal Place of Business

7626 N.W. 7TH AVE.  
MIAMI FL 33150  
US

Mailing Address

2370 NW 174TH TERR  
MIAMI FL 33056-4629  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

JACKSON, DENNIS M  
2370 N.W. 174TH TERR.  
MIAMI FL 33056

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	DCEO	<input type="checkbox"/> Delete
NAME	JACKSON, REV DR DENNIS	
STREET ADDRESS	2370 N.W. 174TH TERR.	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	D	<input type="checkbox"/> Delete
NAME	PICKARD, DANNIE L	
STREET ADDRESS	16200 N.W. 18TH AVE.	
CITY-ST-ZIP	MIAMI FL 33054	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	JACKSON, JERRY C	
STREET ADDRESS	625 W. 74TH PLACE	
CITY-ST-ZIP	HALEAH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	NEWBOLD, CATHRINE	
STREET ADDRESS	1270 N.W. 9TH ST., APT 215E	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	T	<input type="checkbox"/> Delete
NAME	TICE, ROBERT	
STREET ADDRESS	1005 NW 123RD ST	
CITY-ST-ZIP	NORTH MIAMI FL 33168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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	

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 and an other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 8, 2000 305-620-7336

FILED  
Jan 20, 2000 8:00 am  
Secretary of State

01-20-2000 90128 048 \*\*\*\*61.25

703953



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0651494

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CF12E037 (9/99)