

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006365

1. Entity Name

CHRISTIAN FAMILY CENTER OF RIVERVIEW, INC.

FILED
Sep 08, 2000 8:00 am
Secretary of State

09-08-2000 90008 034 ****61.25

Principal Place of Business

12001 BIG BEND RD
 RIVERVIEW FL 33569

Mailing Address

P.O. BOX 1221
 RIVERVIEW FL 33568

2. Principal Place of Business

1066 US 301 S.

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Riverview FL.

City & State

4. FEI Number

68-0621949

Applied For

Not Applicable

Zip

33569

Country

USA

Zip

Country

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

COLLAZO, HECTOR
 11004 SCOTT LOOP
 RIVERVIEW FL 33569

Name

HECTOR COLLAZO

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

6410 MOSS way

City

Tampa

FL

Zip Code

33625

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]

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

(NOTE: Registered Agent signature required when reinstating)

8-25-00

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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 COLLAZO, HECTOR
 STREET ADDRESS 11004 SCOTT LOOP
 CITY-ST-ZIP RIVERVIEW FL 33569 ☐ Delete

TITLE D
 NAME Miguel A. Tovar
 STREET ADDRESS 13402 LARAWAY Drive
 CITY-ST-ZIP Riverview, FL 33569 ☒ Change ☐ Addition

TITLE D
 NAME ESTEVA, ARTEMIO
 STREET ADDRESS 12914 LOVERS LN
 CITY-ST-ZIP RIVERVIEW FL 33569 ☒ Delete

TITLE D
 NAME Jesus M. Ozuna
 STREET ADDRESS 12119 Anderson Drive
 CITY-ST-ZIP Riverview, FL 33569 ☒ Change ☐ Addition

TITLE D
 NAME BALDERAS, VICTOR
 STREET ADDRESS 1328 ATLANTIC DR
 CITY-ST-ZIP RUSKIN FL 33570 ☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-25-00

Date

813-964-8204

Daytime Phone #

CR2E037 (5/00)