

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000826

1. Entity Name

HARBOUR ISLAND COMMUNITY CHAPEL, INC.

Principal Place of Business

6999 N.E. 8TH DRIVE  
BOCA RATON FL 33487

Mailing Address

6999 N.E. 8TH DRIVE  
BOCA RATON FL 33487-2414

2. Principal Place of Business

2034 N.E. 155th ST  
Suite, Apt. #, etc.

3. Mailing Address

2034 N.E. 155th ST  
Suite, Apt. #, etc.

City & State

N. Miami Beach FL

City & State

N. Miami Beach FL

Zip

33162 DATE

Zip

33162 DATE

6. Name and Address of Current Registered Agent

NELSON, RICHARD  
6999 N.E. 8TH DRIVE  
BOCA RATON FL 33487

Address change →

7. Name and Address of New Registered Agent

Name  
Richard Nelson  
Street Address (P.O. Box Number is Not Acceptable)  
2034 N.E. 155th ST  
City  
N. Miami Beach FL Zip Code  
33162

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

4/11/2000

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  
NAME  
D NELSON, RICHARD  
STREET ADDRESS  
6999 NE 8TH DR  
CITY-ST-ZIP  
BOCA RATON FL 33487 ☐ Delete

TITLE  
NAME  
D SATCHELL, MARK  
STREET ADDRESS  
443 HENDRICKS DR  
CITY-ST-ZIP  
FT LAUDERDALE FL 33301 ☐ Delete

TITLE  
NAME  
D GOLDING, STEVE  
STREET ADDRESS  
1475 W CYPRESS RD  
CITY-ST-ZIP  
FT LAUDERDALE FL ☐ Delete

TITLE  
NAME  
☐ Delete

TITLE  
NAME  
☐ Delete

TITLE  
NAME  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
D Nelson, Richard  
STREET ADDRESS  
2034 N.E. 155th ST  
CITY-ST-ZIP  
N. Miami Beach FL 33162 ☒ Change ☐ Addition

TITLE  
NAME  
☐ Change ☐ Addition

TITLE  
NAME  
☐ Change ☐ Addition

TITLE  
NAME  
☐ Change ☐ Addition

TITLE  
NAME  
☐ Change ☐ Addition

TITLE  
NAME  
☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/2000



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

FILED  
Apr 22, 2000 8:00 am  
Secretary of State

04-22-2000 90051 012 \*\*\*\*61.25