

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2001 8:00 am**  
**Secretary of State**

09-11-2001 90006 027 \*\*\*\*61.25

## DOCUMENT #

1. Entity Name

N97000004262

LA

United Christian Ministries, Inc.

Principal Place of Business

Mailing Address

2182 NW 18th Ave, #9

2182 NW 18th Ave, #9

Pompano Beach, FL 33069

Pompano Beach, FL 33069

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

65-0728798

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

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!**  
**FEES \$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 | NAME            | STREET ADDRESS           | CITY-ST-ZIP             | <input type="checkbox"/> Delete |
|-------|-----------------|--------------------------|-------------------------|---------------------------------|
| P/D   | Lewis Jones     | 2182 NW 18th Ave, #9     | Pompano Beach, FL 33069 | <input type="checkbox"/>        |
| D     | Richard J. Goss | 6971 N Federal Hwy, #300 | Boca Raton, FL 33487    | <input type="checkbox"/>        |
|       |                 |                          |                         | <input type="checkbox"/> Delete |
|       |                 |                          |                         | <input type="checkbox"/> Delete |
|       |                 |                          |                         | <input type="checkbox"/> Delete |
|       |                 |                          |                         | <input type="checkbox"/> Delete |
|       |                 |                          |                         | <input type="checkbox"/> Delete |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

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

RICHARD GROSS

DIRECTOR 8/31/01

Date

Daytime Phone #

54-998-1070