

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006996

1. Entity Name

EASTGATE CHURCH INTERNATIONAL, INC.

FILED

Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90164 017 ****61.25

0001594

Principal Place of Business

Mailing Address

11200 NW 39 COURT
CORAL SPRINGS FL 33065

11200 NW 39 COURT
CORAL SPRINGS FL 33065

2. Principal Place of Business

11285 NW 43RD PL
CORAL SPRINGS FL 33065

3. Mailing Address

11285 NW 43RD PL
CORAL SPRINGS FL 33065

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CORAL SPRINGS FL

City & State

CORAL SPRINGS FL

4. FEI Number

65-0800539

Applied For

Not Applicable

Zip

33065

Country

U.S.A.

Zip

33065

Country

U.S.A.

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

EVANS, LINDSAY
11200 NW 39 COURT
CORAL SPRINGS FL 33065

Name

EVANS, LINDSAY

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

11285 NW 43RD PL

City

CORAL SPRINGS

FL

Zip Code

33065

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PCD
EVANS, LINDSAY
11200 NW 39 COURT
CORAL SPRINGS FL 33065 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
ERASMUS, DANIEL
12723 N.W. 19TH MANOR
CORAL SPRINGS FL 33071 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
BRADLEY, SHANE
12441 N.W. 15TH STREET
SUNRISE FL 33323 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LINDSAY D. EVANS

4/6/2001

(954) 757-7622

Date

Daytime Phone #

CR2E037 (10/00)