

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000616

1. Entity Name

BASIC TRAINING DELIVERANCE ACADEMY, INC.

Principal Place of Business

900 NW 7TH AVE
MIAMI FL 33136

Mailing Address

900 NW 7TH AVE
MIAMI FL 33136-3110

2. Principal Place of Business

1900 NW 2d CT

3. Mailing Address

1900 NW 2d CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEL Number

65-0407527

Applied For

Not Applicable

Zip

33136

Country

USA

Zip

33136

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPANN, VINCENT
900 NW 7TH AVE
MIAMI FL 33136

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	PD	<input type="checkbox"/> Delete
NAME	SPANN, VINCENT	
STREET ADDRESS	900 NW 7TH AVE	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COACHMAN, BARRETT	
STREET ADDRESS	900 NW 7TH AVE	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE	TO	<input type="checkbox"/> Delete
NAME	ROLLE, WILBERT	
STREET ADDRESS	900 NW 7TH AVE	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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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, with all other like empowered.

SIGNATURE:

VINCENT SPANN REQUIRED

25 APR 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

May 13, 2000 8:00 am
Secretary of State

05-13-2000 90023 001 ****61.75

00089550



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)