

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001240

1. Entity Name

CHURCH AT THE BEACH, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90293 046 ****61.25

Principal Place of Business

Mailing Address

46 N. OCEAN BLVD
POMPANO BEACH FL 33062

46 N. OCEAN BLVD
POMPANO BEACH FL 33062-5707

2. Principal Place of Business *FT. LAUDERDALE*
1556 NE 38th ST FLA 33334
Suite, Apt. #, etc.

3. Mailing Address
SAME AS #2.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State *FT. LAUDERDALE, FLA*
Zip *33334*
Country *USA*

City & State *SAME AS #2*
Zip *SAME AS #2*
Country

4. FEI Number Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CUTLIP, CRAIG
1556 NE 38 ST.
FT. LAUDERDALE FL 33334

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	DP	<input type="checkbox"/> Delete
NAME	CUTLIP, CRAIG	
STREET ADDRESS	46 N. OCEAN BLVD	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	SULLIVAN, THOMAS	
STREET ADDRESS	46 N. OCEAN BLVD	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	WASZAK, DEBRA	
STREET ADDRESS	46 N. OCEAN BLVD	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
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		
CITY-ST-ZIP		
TITLE	TREASURER/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL J. RICO	
STREET ADDRESS	1411 NW 43 ST 1411 NW 43 ST	
CITY-ST-ZIP	POMPANO BEACH FL 33062 POMPANO BEACH FL 33064	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1411 NW 43 ST	
CITY-ST-ZIP		
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		
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 officers/directors.

SIGNATURE: *Craig Cutlip* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 2000 (954) 561-8703

Date Daytime Phone #

CR2E037 (9/99)