

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2000 8:00 am  
Secretary of State

05-03-2000 90144 002 \*\*\*\*61.25

DOCUMENT # N99000001648

1. Entity Name

MIAMI SOUTH CHURCH OF CHRIST, INC.

Principal Place of Business

Mailing Address

19425 S.W. 312 ST.  
HOMESTEAD FL 33030

19425 S.W. 312 ST.  
HOMESTEAD FL 33030-3636

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

48 NE 111TH STREET

MIAMI SHORES, FL

33161

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

05-0910720

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

WELLER, THOMAS R  
65 N.W. 16TH ST.  
HOMESTEAD FL 33030

Name

Russell L. Shreeve

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

48 NE 111TH STREET

City

MIAMI SHORES

FL

Zip Code

33161

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

RUSSELL L. SHREEVE, PRESIDENT Russell L. Shreeve

4/6/00

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	D	<input checked="" type="checkbox"/> Delete
NAME	BARNUM, ROBERT	
STREET ADDRESS	14955 S.W. 214 ST.	
CITY-ST-ZIP	MIAMI FL 33187	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEE, PAUL	
STREET ADDRESS	510 N.W. 21ST ST.	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHREEVE, RUSSELL	
STREET ADDRESS	48 N.E. 111 ST.	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL L. SHREEVE	
STREET ADDRESS	48 NE 111TH STREET	
CITY-ST-ZIP	MIAMI SHORES FL 33161	
TITLE	<del>RUSSELL L. SVP</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FABIO QUINTERO	
STREET ADDRESS	15354 SW 170 TERRACE	
CITY-ST-ZIP	MIAMI FL 33187	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEDRO LOPEZ	
STREET ADDRESS	39 NW 59TH COURT	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECKY KIPPENMAN	
STREET ADDRESS	22525 172ND COURT	
CITY-ST-ZIP	MIAMI FL 33170	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL HOOTS	
STREET ADDRESS	19760 SW 243RD TERRACE	
CITY-ST-ZIP	HOMESTEAD FL 33031	
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:

RUSSELL L. SHREEVE

RUSSELL L. SHREEVE 4/6/00 (305)673-7266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)