

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006237

1. Entity Name

EBENEZER INTERNATIONAL DEVELOPMENT ORGANIZATION

Principal Place of Business

3500 N STATE RD 7, SUITE #440
LAUDERDALE LAKES FL 33319

Mailing Address

P O BOX 101083
FT LAUDERDALE FL 33310-1083

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAHARAJ, OMAR D
2116 NW 76TH WAY
MARGATE FL 33063

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE * CD ☐ Delete
NAME BAILEY, KINGSLEY E
STREET ADDRESS 5780 NW 66TH AVE, SUITE #201
CITY-ST-ZIP TAMARAC FL 33319

TITLE DIRECTOR ☐ Change ☒ Addition
NAME DAVE D. HYLTON
STREET ADDRESS 1209 SUSSEX DRIVE
CITY-ST-ZIP NORTH LAUDERDALE, FL 33319

TITLE * TD ☐ Delete
NAME WHITE, JO-MARIE
STREET ADDRESS 5780 NW 66TH AVE, SUITE #201
CITY-ST-ZIP TAMARAC FL 33319

TITLE Director ☐ Change ☒ Addition
NAME Patrick Thompson
STREET ADDRESS 6454 NW 65 Terrace
CITY-ST-ZIP Parkland, Florida 33067

TITLE PD ☐ Delete
NAME LASHLEY, SILVAN DR
STREET ADDRESS 3500 N STATE RD 7, SUITE #440
CITY-ST-ZIP LAUDERDALE LAKES FL 33319

TITLE * CID ☒ Change ☐ Addition
NAME BAILEY, KINGSLEY E.
STREET ADDRESS 6454 NW 65 TERRACE
CITY-ST-ZIP PARKLAND FL 33067

TITLE D ☐ Delete
NAME MAHARAJ, OMAR D
STREET ADDRESS 2116 NW 76TH WAY
CITY-ST-ZIP MARGATE FL 33063

TITLE TID ☒ Change ☐ Addition
NAME * WHITE, JO-MARIE
STREET ADDRESS 6454 NW 65TH TERRACE
CITY-ST-ZIP PARKLAND, FL 33067

TITLE SD ☐ Delete
NAME EDWARDS, MARGARET
STREET ADDRESS 3500 N STATE RD 7, SUITE #440
CITY-ST-ZIP LAUDERDALE LAKES FL 33319

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

TITLE D ☐ Delete
NAME BROWN, WILFRED
STREET ADDRESS 1802 N UNIVERSITY DR, SUITE #200
CITY-ST-ZIP PLANTATION FL 33322

TITLE D ☒ Change ☐ Addition
NAME BROWN, WILFRED
STREET ADDRESS 6800 NW 46TH COURT
CITY-ST-ZIP LAUDERDALE FL 33319

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

Date

Daytime Phone #

CR2E037 (9/99)