

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000089467

1. Entity Name

MCCORMICK EVANGELISTIC AND ENTREPRENEURIAL MINIS

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90065 043 \*\*\*150.00

Principal Place of Business

481 N.W. 17TH PLACE  
 FT. LAUDERDALE FL 33311

Mailing Address

481 N.W. 17TH PLACE  
 FT. LAUDERDALE FL 33311-4863

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0954539

Applied For

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

RODRIGUEZ, CLIFTON H C.P.A.  
 3146 N.W. 68 STREET  
 FT. LAUDERDALE FL 33309

Name

Queen E. McCormick

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

481 N.W. 17th Place

FT. Lauderdale, Florida

City

FT. Lauderdale, FL

33311

Zip Code

33311

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

*Clifton H. Rodriguez* (Clifton H. Rodriguez) 01/28/2000

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

\$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME Samuel L. McCormick

STREET ADDRESS 481 N.W. 17th Place

CITY-ST-ZIP FT. Lauderdale, Florida 33311

TITLE ☐ Delete

NAME Vice President/Director

STREET ADDRESS Queen E. McCormick

CITY-ST-ZIP 481 N.W. 17th Place

FT. Lauderdale, FL 33311

TITLE ☐ Delete

NAME Corporate Secretary/Director

STREET ADDRESS Ester McCormick

CITY-ST-ZIP 481 N.W. 17th Place

FT. Lauderdale, FL 33311

TITLE ☐ Delete

NAME Board Advisor/Ex-officio

STREET ADDRESS Clifton H. Rodriguez, CPA

CITY-ST-ZIP 3146 N.W. 68 Street

FT. Lauderdale, FL 33309-1206

TITLE ☐ Delete

NAME Treasurer/Director

STREET ADDRESS Angela M. Gaines

CITY-ST-ZIP 3431 N.W. 6 Court

FT. Lauderdale, FL 33311

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Samuel L. McCormick*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/28/2000  
 Date

Daytime Phone #

CR2E034 (9/99)