## **2000 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

## FILED DOCUMENT # **750225** May 23, 2000 8:00 am 1. Entity Name Secretary of State ORANGE BLOSSOM GARDENS CHAPEL OF ALL FAITHS, INC 05-23-2000 90209 008 \*\*\*\*61.25 Principal Place of Business Mailing Address 1401 PARADISE DRIVE 1401 PARADISE DRIVE LADY LAKE FL 32159 LADY LAKE FL 32159-2152 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2375525 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>Robert M. Ericksen</u> Street Address (P.O. Box Number is Not Acceptable) **NEAL, BILL J** <u>1706 Pebble Beach Lane</u> 216 DESOTA CT LADY LAKE FL 32159 Zip Code 32159 Ladv Lake 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE X Change ☐ Addition TITLE ☐ Delete CD ERICKSEN, ROBERT M NAME NAME ROBERT M ERICKSEN STREET ADDRESS 1706 PEBBLE BEACH LANE STREET ADDRESS 1706 PEBBLE BEACH LANE CITY-ST-ZIP LADY LAKE FL 32159 CITY-ST-ZIP LADY LAKE FL 32159 Addition CD X Delete TITLE Change TITLE VD NAME NEAL BILL J NAME James C Samples STREET ADDRESS STREET ADDRESS 216 DESOTA CT 1132 Bernardo Blvd CITY-ST-ZIP CITY-ST-ZIP LADY LAKE FL 32159 Lady Lake FL 32159 ☐ Delete TITLE ☐ Change ☐ Addition SD TITLE EUBANK, NANCY E. NAME NAME STREET ADDRESS STREET ADDRESS 638 RAINBOW BLVD. CITY-ST-7IP CITY-ST-ZIP Lady lake fl ☐ Addition TD TITLE Change □ Delete WHITEHEAD, CORINNE NAME STREET ADDRESS 241 JUAREZZ WAY STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP LADY LAKE FL ☐ Delete ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Addition Delete TITLE Change NAME STREET ADDRESS 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