

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 754597**

1. Entity Name

**PACE ASSEMBLY MINISTRIES, INC.**

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90116 014 \*\*\*\*61.25

Principal Place of Business

Mailing Address

%GLYN LOWERY, JR  
 3948 HWY 90  
 PACE FL 32571-8998

%GLYN LOWERY, JR  
 3948 HWY 90  
 PACE FL 32571-1916



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1944606**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LOWERY, GLYN, JR**  
**3948 HWY 90**  
**PACE FL 32571-8998**

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	D	<input type="checkbox"/> Delete
NAME	BUSBEE, MACK H, SR	
STREET ADDRESS	3948 HWY 90	
CITY-ST-ZIP	PACE, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEWART, A M	
STREET ADDRESS	3948 HWY 90	
CITY-ST-ZIP	PACE, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	ENFINGER, DONALD W.	
STREET ADDRESS	3948 HWY 90	
CITY-ST-ZIP	PACE, FL 00000	
TITLE	P	<input type="checkbox"/> Delete
NAME	LOWERY, GLYN, JR	
STREET ADDRESS	3948 HWY 90	
CITY-ST-ZIP	PACE, FL 00000	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WARRICK, DANNY F.	
STREET ADDRESS	3948 HWY 90	
CITY-ST-ZIP	PACE, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	WENDT, EARL JR	
STREET ADDRESS	3948 HWY 90	
CITY-ST-ZIP	PACE FL	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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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 like empowered.

SIGNATURE:

*Glyn Lowery, Jr.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glyn Lowery, Jr. 02/23/00 850 994-7131  
 Date Daytime Phone #

CR2E037 (9/99)