

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766381

1. Entity Name

NEW BIRTH GOSPEL TABERNACLE INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90202 027 ****61.25

Principal Place of Business

Mailing Address

C/O LARRY CHESTER
225 N. SEMINOLE AVE.
INVERNESS FL 34450
US

C/O LARRY CHESTER
225 N. SEMINOLE AVE.
INVERNESS FL 34450-4133
US

00002874



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

00-1660019

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

ROBERTSON, TUWANA
917 LEROY BELLAMY ROAD
INVERNESS FL 34450

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 ☐ Delete
NAME P
STREET ADDRESS CHESTER, LARRY
CITY-ST-ZIP 3455 E. JONAH PLACE
INVERNESS FL

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

TITLE ☐ Delete
NAME V
STREET ADDRESS CHESTER, TONI V.
CITY-ST-ZIP 3455 E. JONAH PL.
INVERNESS FL

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

TITLE ☐ Delete
NAME T
STREET ADDRESS RANDLE, PATRICIA
CITY-ST-ZIP 3264 E KENDEY ST
INVERNESS FL 34453

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3264 E. Kennedy ST.
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS CHESTER, LONNIE
CITY-ST-ZIP 3101 E DEAL ST
INVERNESS FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS JOHNSON, JOE
CITY-ST-ZIP 828 TWIGG ST
ROOKVILLE FL

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

TITLE ☒ Delete
NAME SD
STREET ADDRESS ROBERTSON, TUWANA
CITY-ST-ZIP 917 LEROY BELLAMY ROAD
INVERNESS FL 34450

TITLE ☐ Change ☐ 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:

Patricia Randle (352) 1-11-2000 637-3047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)