

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90081 027 \*\*\*\*61.25

**604724**



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N94000002837**

1. Entity Name  
**CHAPEL OF DIVINE LOVE, ADL INC.**

Principal Place of Business      Mailing Address  
**4645 N HARBOR CITY BLVD.**      **4645 N HARBOR CITY BLVD.**  
**PALM SHORES FL 32935**      **PALM SHORES FL 32935-7203**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

4. FEI Number      Applied For  
**59-3307456**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BUCK, ROBERT**  
**4645 N HARBOR CITY BLVD.**  
**PALM SHORES FL 32935**

7. Name and Address of New Registered Agent  
 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 *Robert BUCK*      JAN 12, 2000  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**FILE NOW: FEE IS \$61.25**      **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BERNTSON, PAULA</b>	
STREET ADDRESS	<b>1455 CONCORD AVENUE</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FLOWE, BETTY</b>	
STREET ADDRESS	<b>1011 WESTVIEW DRIVE</b>	
CITY-ST-ZIP	<b>COCOA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PENDERGRASS, REBECCA</b>	
STREET ADDRESS	<b>3816 ARROWSMITH DRIVE</b>	
CITY-ST-ZIP	<b>COCOA FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>BUCK, ROBERT</b>	
STREET ADDRESS	<b>520 FOOTMAN LANE</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>TOBIN, BETTY</b>	
STREET ADDRESS	<b>447 SANDDOLLAR LANE</b>	
CITY-ST-ZIP	<b>COCOA FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>BUCK, JANET</b>	
STREET ADDRESS	<b>520 FOOTMAN LANE</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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: *ROBERT BUCK*      1-12-2000      321/453-6676  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)