## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # N97000006844 Jan 27, 2000 8:00 am 1. Entity Name **Secretary of State** GLOBAL FAMILY FELLOWSHIP, INC. 01-27-2000 90060 018 \*\*\*\*61.25 Principal Place of Business Mailing Address 2289 N HERCULES AVE PO BOX 1948 **DUNEDIN FL 34697-1948** CLEARWATER FL 33763 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3481082 Not Applicable Country Zip \$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 Name. Street Address (P.O. Box Number is Not Acceptable) PANICO, NICK S 1924 DUNLOE CIRCLE **DUNEDIN FL 34698** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (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 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Addition DP ☐ Delete TITLE ☐ Change TITLE PANICO, NICK S NAME NAME STREET ADDRESS 1924 DUNLOE CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL 34698** ☐ Change Addition Delete TITLE TITLE STILIHA, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 7524 DOLONITA DR CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33615 --Delete ☐ Addition ☐ Change TITLE TITLE OTTOMANELLI, ELAINE NAME NAME STREET ADDRESS STREET ADDRESS 221 DOLPHIN DR N CITY-ST-ZIP CITY-ST-ZIP OLDSMAR FL ☐ Change ☐ Addition SEC ☐ Delete TITLE TITLE DOHLER, TYRUS NAME NAME STREET ADDRESS STREET ADDRESS 2816 GLORIA CT CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33761** ☐ Change ☐ Addition TITLE ☐ Celete TITLE PHILLIPS, WILLIAM NAME STREET ADDRESS STREET ADDRESS 1601 OTTAWA RD CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33756** ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

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

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

(-19-0c

727-733-4600

Daytime Phone #