

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2001 8:00 am
Secretary of State

08-14-2001 90011 041 ****61.25

DOCUMENT # N99000002101

1. Entity Name
DOVER PENTECOSTAL HOLINESS CHURCH, INC.

Principal Place of Business
**14150 HOLINESS CHURCH RD
 DOVER FL 33527**

Mailing Address
**14150 HOLINESS CHURCH RD
 DOVER FL 33527**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
14150 Holiness Ch Rd
 Suite, Apt. #, etc.
Dover

3. Mailing Address
14150 Holiness Ch Rd
 Suite, Apt. #, etc.
Dover

City & State
Florida, 33527

City & State
Florida

Zip
33527

Country
Hillsborough

Zip
33527

Country
Hillsborough

4. FEI Number
59-3616805

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**STONEMAN, W. HAROLD REV
 14150 HOLINESS CHURCH RD
 DOVER FL 33527**

7. Name and Address of New Registered Agent
 Name
Tony Feter
 Street Address (P.O. Box Number is Not Acceptable)
14150 Holiness Ch Rd
 City
Dover, FL 33527

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 **Rev Tony R. Feter** **8/9/01**
 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
After September 12, 2001, min. will be \$236.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	RA STONEMAN, HAROLD 14150 HOLINESS CH RD DOVER FL 33527	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAUBERSON, HOLLIS 2706 E BLOOMINGDAL AVE VALRICO FL 33594	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIES, JUAN M 3329 MCSMITH RD DOVER FL 33527	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FAWTER, DONALD C 5210 KEENE DR PLANT CITY FL 33567	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tony Feter 14150 Holiness Ch Rd Dover, FL 33527	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Hollis Rauberson** **8/9/01 813-659 0257**

CR2E037 (5/01)