

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005845

1. Entity Name

IGLESIA DE DIOS MONTE HOREB, INC.

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90043 036 \*\*\*\*61.25

Principal Place of Business

Mailing Address

18 S. MARKET BLVD.  
WEBSTER FL 33597

10518CR746-A  
WEBSTER FL 33597

2. Principal Place of Business

3. Mailing Address

10518 CR 746-A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WEBSTER, FL

4. FEI Number

59-3373649

Applied For

Not Applicable

Zip

Country

Zip

Country

33597

Sumter

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

RILEY, CHARLENE T  
276 N. MARKET BLVD.  
WEBSTER FL 33597

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	P	<input type="checkbox"/> Delete
NAME	BENAVIDES, CRISTOBAL	
STREET ADDRESS	10518 C.R. 746-A	
CITY-ST-ZIP	WEBSTER FL 33597	
TITLE	T	<input type="checkbox"/> Delete
NAME	BENAVIDES, EMILIA	
STREET ADDRESS	10518 C.R. 746-A	
CITY-ST-ZIP	WEBSTER FL 33597	
TITLE	S	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, CARLOS J	
STREET ADDRESS	113 SHILOH ST	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARRIS, MICHAEL J	
STREET ADDRESS	23 SE 1 AVE	
CITY-ST-ZIP	WEBSTER FL 33597	
TITLE	T	<input type="checkbox"/> Delete
NAME	BENAVIDES, IRENE	
STREET ADDRESS	10610 CR 746-A	
CITY-ST-ZIP	WEBSTER FL 33597	
TITLE	T	<input type="checkbox"/> Delete
NAME	CEBALLOS, NALO	
STREET ADDRESS	10610 CR 746-A	
CITY-ST-ZIP	WEBSTER FL 33597	

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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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: *Michael J. Harris, Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-07-2000 (352) 793-7541

Date

Daytime Phone #

CR2E037 (9/99)