

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000158

1. Entity Name

AGAPE HOME, INC.

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90207 050 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3 AVENUE J MOORE HAVEN FL 33471	Mailing Address P.O. BOX 1253 MOORE HAVEN FL 33471-1253
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0721743</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**TUEL, FREDDY W**  
**3 AVENUE J**  
**MOORE HAVEN FL 33471**

7. Name and Address of New Registered Agent

Name **Deborah Tuel**  
 Street Address (P.O. Box Number is Not Acceptable) **3 Avenue J PO Box 1253**  
 City **Moore Haven** FL Zip Code **33471**

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 *Deborah Tuel Director* DATE **4-26-00**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>COUSE, MILLER</b>
STREET ADDRESS	<b>227 E. CRESCENT DR.</b>
CITY-ST-ZIP	<b>CLEWISTON FL 33440</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>COUSE, TONI</b>
STREET ADDRESS	<b>227 E. CRESCENT DR.</b>
CITY-ST-ZIP	<b>CLEWISTON FL 33440</b>
TITLE	<b>PD</b> <input type="checkbox"/> Delete
NAME	<b>TUEL, FREDDY W</b>
STREET ADDRESS	<b>3 AVE J PO BOX 1253</b>
CITY-ST-ZIP	<b>MOORE HAVEN FL 33471</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>FORBES, JANICE</b>
STREET ADDRESS	<b>201 W. DELMONTE AVE.</b>
CITY-ST-ZIP	<b>CLEWISTON FL 33440</b>
TITLE	<b>VD</b> <input type="checkbox"/> Delete
NAME	<b>FORBES, JIM</b>
STREET ADDRESS	<b>201 W DELMONTE AVE</b>
CITY-ST-ZIP	<b>CLEWISTON FL 33440</b>
TITLE	<b>ST</b> <input type="checkbox"/> Delete
NAME	<b>TUEL, DEBORAH A</b>
STREET ADDRESS	<b>3 AVE J PO BOX 1253</b>
CITY-ST-ZIP	<b>MOORE HAVEN FL 33471</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: *Deborah Tuel* DATE **4-26-00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)