

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003755

1. Entity Name

MIRACLE OF LOVE, INC.

FILED

00 NOV -7 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4530 EVERS PLACE
ORLANDO FL 32811

Mailing Address

4530 EVERS PLACE
ORLANDO FL 32811

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3455949

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STAFFORD, LOWELL D
4530 EVERS PLACE
ORLANDO FL 32811

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent or both with the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11/3/00
DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ED Delete
NAME STAFFORD, LOWELL D
STREET ADDRESS 4530 EVERS PLACE
CITY-ST-ZIP ORLANDO FL 32811

TITLE ED Change Addition
NAME STAFFORD, LOWELL D
STREET ADDRESS 4530 EVERS PL.
CITY-ST-ZIP Orlando FL 32811

TITLE PD Delete
NAME JACKSON, MARVIN A
STREET ADDRESS 5524 BLUE TICK DR
CITY-ST-ZIP ORLANDO FL 32810

TITLE PD Change Addition
NAME DWAYNE HICKMAN
STREET ADDRESS 612 ELLIS AVE.
CITY-ST-ZIP Orlando, FL 32811

TITLE TD Delete
NAME COLE, CELIA
STREET ADDRESS 4530 EVERS PL
CITY-ST-ZIP ORLANDO FL 32811

TITLE VICE PRESIDENT Change Addition
NAME ANTHONY R. BAILEY
STREET ADDRESS 4637 CASW. COVE ROAD
CITY-ST-ZIP Orlando, FL 32811

TITLE DV Delete
NAME HENDERSON, RODNEY
STREET ADDRESS 8406 WHITE ROAD
CITY-ST-ZIP ORLANDO FL 32805

TITLE SECRETARY Change Addition
NAME ALBERT BROWN
STREET ADDRESS 205 Teisting Trail
CITY-ST-ZIP Orlando, FL 32825

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-00
Date Daytime Phone #

CR2E037 (5/00)