

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003755

1. Entity Name

MIRACLE OF LOVE, INC.

Principal Place of Business

4530 EVERS PLACE
ORLANDO FL 32811

Mailing Address

4530 EVERS PLACE
ORLANDO FL 32811

2. Principal Place of Business

1800 MERCY Dr.

3. Mailing Address

1800 MERCY Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

300

300

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32808

Country

USA

Zip

32808

Country

ORANGE

6. Name and Address of Current Registered Agent

STAFFORD, LOWELL D
4530 EVERS PLACE
ORLANDO FL 32811

4. FEI Number

59-3455949

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HICKMAN, DWAYNE
612 ELLIS AVE
ORLANDO FL 32811 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
EASLEY, ANTHONY R
4637 CASON COVE ROAD
ORLANDO FL 32811 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
BROWN, HUBERT
205 TEISTING TRAIL
ORLANDO FL 32825 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
Williams FRANKLIN
2444 W. CONWAY RD Apt B
Orlando, FL 32812 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
Jan 7, 2002
Daytime Phone #

CR2E037 (9/01)