

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731523

1. Entity Name

FELLOWSHIP HALL, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90012 043 ****61.25

Principal Place of Business

Mailing Address

301 ST. LUCIE AVENUE
 STUART FL 34994-2185
 US

301 ST. LUCIE AVENUE
 STUART FL 34994-2137
 US

00000400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1858889

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

WEIGEL, STEPHEN
 626 SW RUSTIC CIRCLE
 STUART FL 34997

Name Margaret Reinhold
 Street Address (P.O. Box Number is Not Acceptable)
301 ST. LUCIE AVE.
Stuart,
 City FL Zip Code 34994-2137

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 Margaret Reinhold T Margaret Reinhold 01-14-2000
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	TD	<input checked="" type="checkbox"/> Delete
NAME	WEIGEL, STEPHEN	
STREET ADDRESS	626 SW RUSTIC CIRCLE	
CITY-ST-ZIP	STUART FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LEAVITT, RUTH	
STREET ADDRESS	2776 SE LA PALMA	
CITY-ST-ZIP	STUART FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GRIFFIN, DAVID	
STREET ADDRESS	5156 SE MANATEE TERRACE	
CITY-ST-ZIP	STUART FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reinhold, Margaret	
STREET ADDRESS	3021 SE Aster #701	
CITY-ST-ZIP	STUART FL 34994	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathleen ALLISON	
STREET ADDRESS	4372 SW Bimini Cir. N.	
CITY-ST-ZIP	Palm City FL 34990	
TITLE	UP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARYLOU Fowler	
STREET ADDRESS	8240 Cinamon Ct	
CITY-ST-ZIP	Port St Lucie FL 34952	
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: Margaret Reinhold Margaret Reinhold 01/14/00 561 283-4196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)