

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90038 014 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # 735208

1. Entity Name

SHILOH TABERNACLE, INC.

Principal Place of Business

Mailing Address

**708 NW 10 AVE
GAINESVILLE FL 32601
US**

**708 NW 10 AVE
GAINESVILLE FL 32601
US**

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

59-1662482

Applied For

Not Applicable

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

MITCHELL

**NEWSOME, MICHELLE
708 NW 10 AVENUE
GAINESVILLE FL 32601**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	NEWSOME, MITCHELL	708 NW 10 AVENUE	GAINESVILLE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SDTD	NEWSOME, FRANCES	708 N.W. 10TH AVENUE	GAINESVILLE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	NEWSOME, SHELIA	318 NW 15TH AVE.	GAINESVILLE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: *Michelle Newsome*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/01 **352-344**
Date Daytime Phone #

CR2E037 (10/00)

Attachment
D# 73520
A0000637

← MY NAME
HAS BEEN
INCORRECT FOR
3 YEARS
PLEASE
change it to
MITCHELL NOT
MICHELLE
Thank You
M. Ferrisano