

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737769

1. Entity Name

OPEN DOOR MINISTRIES OF GAINESVILLE, FLORIDA, IN

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90104 021 ****70.00

Principal Place of Business

Mailing Address

601 NE 19TH ST
GAINESVILLE FL 32641
US

P.O. BOX 809
GAINESVILLE FL 32602-0809

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1724616

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

JONES, TALMADGE
601 NE 19TH STREET
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	VD	<input type="checkbox"/> Delete
NAME	JONES, DAVID	
STREET ADDRESS	1135 SE 12TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32641	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ANDREWS, RAMOTH JR.	
STREET ADDRESS	1440 SE 24TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32641	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RENTZ, SAUL	
STREET ADDRESS	1219 NW 10TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JONES JR, SAMUEL	
STREET ADDRESS	915 SE 19TH STREET	
CITY-ST-ZIP	GAINESVILLE 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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Samuel Jones Jr. 2/18/2000 352-377-8162

CR2E037 (9/99)