

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737875

1. Entity Name

HOLY HILL OF ZION TEMPLE, INC.

(R)

FILED
Jun 19, 2000 8:00 am
Secretary of State

06-19-2000 90002 030 ****61.25

Principal Place of Business

Mailing Address

1910 KATHLEEN ST
TAMPA FL 33607

1910 KATHLEEN ST
TAMPA FL 33607-2036

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1862894

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

EVANS, JULIA
1910 KATHLEEN ST.
TAMPA FL

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 PD
NAME EVANS, JULIA
STREET ADDRESS 1910 KATHLEEN ST.
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE C/T
NAME EVANS, IDA
STREET ADDRESS 3419 CARIOCA CT.
CITY-ST-ZIP TAMPA, FL 33605 ☐ Change ☒ Addition

TITLE VSD
NAME GALLOWAY, WILLA J.
STREET ADDRESS 2330 ST. LOUIS ST.
CITY-ST-ZIP TAMPA FL ☐ Delete

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

TITLE M
NAME EVANS, CHRISTOPHER
STREET ADDRESS 3419 CARIOCA COURT
CITY-ST-ZIP TAMPA FL ☐ Delete

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

TITLE TR
NAME PORTER, MATTIE
STREET ADDRESS 714 FREMONT
CITY-ST-ZIP TAMPA FL ☐ Delete

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

TITLE TS
NAME IDA M. EVANS
STREET ADDRESS
CITY-ST-ZIP ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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: *IDA M. EVANS* 6/6/2000 813-254-2057

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #