

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739778

1. Entity Name

GRACE FELLOWSHIP, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90110 018 ****70.00

Principal Place of Business

Mailing Address

1702 LAUREL ST.
SARASOTA FL 34236

1702 LAUREL ST.
SARASOTA FL 34236-6814

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

59-1761136

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

~~BEW, ROBERT~~ Robert
5250 MANZ PL. #113
SARASOTA FL 34232

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:
FEES ARE \$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	<input type="checkbox"/> Delete
NAME	BEW, ROBERT	
STREET ADDRESS	5250 MANZ PL. #113	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HUNNIFORD, J. THEODORE JR.	
STREET ADDRESS	3402 BAY ST.	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BOS, MAARTEN Maarten	
STREET ADDRESS	428 PARRY DR	
CITY-ST-ZIP	SARASOTA FL 34241	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/'00 371-2750
Date Daytime Phone

CR2E037 (9/99)