

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744462

1. Entity Name

NETHERCOTT MINISTRIES OF MIRACLES AND WONDERS, I

**FILED**  
**Jul 14, 2000 8:00 am**  
**Secretary of State**

07-14-2000 90018 032 \*\*\*\*75.00

Principal Place of Business

1890 HAVENDALE BLVD. NW  
PO BOX 884  
WINTER HAVEN FL 33881  
US

Mailing Address

1890 HAVENDALE BLVD. NW  
PO BOX 884  
WINTER HAVEN FL 33881  
US

2. Principal Place of Business

1890 Havendale Blvd., NW  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 884  
Suite, Apt. #, etc.

City & State

Winter Haven, FL.

City & State

Winter Haven, FL.

4. FEI Number

59-1904989

Applied For

Not Applicable

Zip  
33881

Country

Polk County

Zip

33881

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NETHERCOTT, JANET  
2411 CYPRESS GARDENS BLVD.  
WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent

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**  
**After September 13, 2000 min. will be \$236.25**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
NETHERCOTT, JOHN S.  
2411 CYPRESS GARDENS BLV  
WINTER HAVEN FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
NETHERCOTT, JANET  
2411 CYPRESS GARDENS BLV  
WINTER HAVEN FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CLAUSSEN, JAMES W.  
1500 HAVENDALE BLVD., NW  
WINTER HAVEN FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Janet Nethercott* JANET NETHERCOTT 7/5/2000 (843) 291-4269

CR2E037 (5/00)