

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 770644**

1. Entity Name

SAFIA TEMPLE #188 INC.**FILED**
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90026 023 ****61.25

Principal Place of Business

% 1111 MASSALINA DRIVE
PANAMA CITY FL 32401

Mailing Address

% 1111 MASSALINA DRIVE
PANAMA CITY FL 32401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

ALEXANDER, WILLIE
1111 MASSALINA DR.
PANAMA CITY FL 32401

Name

Jerry B. Cash

Street Address (P.O. Box Number is Not Acceptable)

6059 Howard Road

City

Callaway

FL

Zip Code
32404

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 **JERRY B. CASH**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

16 Aug 00

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.259. 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 ☐ Delete
NAME GREEN, ARTHUR R.
STREET ADDRESS 5224 PARK ST.
CITY-ST-ZIP PANAMA CITY FLTITLE VMD ☐ Change ☒ Addition
NAME COBB, DONALD
STREET ADDRESS 3912 E. 11th St.
CITY-ST-ZIP PANAMA CITY FLTITLE VMD ☒ Delete
NAME DRIVER, JAMES
STREET ADDRESS 2511 E. 9TH CR.
CITY-ST-ZIP PANAMA CITY FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE STD ☐ Delete
NAME ALEXANDER, WILLIE
STREET ADDRESS 1111 MASSALINA DR.
CITY-ST-ZIP PANAMA CITY FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE CPD ☐ Delete
NAME ANDERSON, LOUIS, JR.
STREET ADDRESS 317 DETROIT AVE.
CITY-ST-ZIP PANAMA CITY FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VTD ☐ Delete
NAME BAKER, ARTHUR
STREET ADDRESS RT. 3, BOX 525
CITY-ST-ZIP MARIANNA FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

ARTHUR R. GREENE REQUESTED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 Aug 00

Date

Daytime Phone #