

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000003420

1. Entity Name

GOOD SHEPHERD WORLD OUTREACH, INC.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90133 019 \*\*\*\*61.25

Principal Place of Business

Mailing Address

5019 ROLLING MEADOW DR  
LAKELAND FL 33809

5019 ROLLING MEADOW DR  
LAKELAND FL 33810-2618

2. Principal Place of Business

8330 N. Sacrum Loop Rd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Lakeland, FL

City & State

City & State

33809

Zip

Country

Zip

Country

4. FEI Number

39-1630168

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAYLOR, PAUL  
5019 ROLLING MEADOW DR  
LAKELAND FL 33809

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	<input type="checkbox"/> Delete
NAME	TAYLOR, PAUL	
STREET ADDRESS	5019 ROLLING MEADOW DR	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TAYLOR, NORITA	
STREET ADDRESS	5019 ROLLING MEADOW DR	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUNDBLAD, DAVID	
STREET ADDRESS	4912 1ST ST NW	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUNDBALD, MARIE	
STREET ADDRESS	4931 1ST ST NW	
CITY-ST-ZIP	LAKELAND 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		
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CITY-ST-ZIP		
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CITY-ST-ZIP		
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  
Paul E Taylor Pres. 1-11-2000

Date

Daytime Phone #

CR2E037 (9/99)