

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90103 006 \*\*\*\*61.25

**DOCUMENT # F95000000689**

1. Entity Name

**THE ASSOCIATION OF MESSIANIC BELIEVERS, INC.**

Principal Place of Business

Mailing Address

3190 GULF-TO-BAY BLVD  
 CLEARWATER FL ~~34619~~ **33759**

3190 GULF-TO-BAY BLVD  
 CLEARWATER FL ~~34619~~ **33759**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

**33759-4505**

Zip

Country

**33759-4505**

4. FEI Number

**76-0378958**

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

**FISCHER, JOHN DR**  
**3190 GULF-TO-BAY BLVD**  
**CLEARWATER FL ~~34619~~**

Name

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

City

**FL**

Zip Code

**33759-4505**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
 NAME **FISCHER, JOHN DR**  
 STREET ADDRESS **3190 GULF-TO-BAY BOULEVARD**  
 CITY-ST-ZIP **CLEARWATER FL ~~34619~~ 33759**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **33759-4505**

TITLE **VPD** ☐ Delete  
 NAME **STOKES, BRUCE DR**  
 STREET ADDRESS **5455 GARDEN GROVE BLVD SUITE 144**  
 CITY-ST-ZIP **WESTMINSTER CA 92683**

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

TITLE **SD** ☐ Delete  
 NAME **SESSA, BARBARA**  
 STREET ADDRESS **1110 BEDFORD AVE.**  
 CITY-ST-ZIP **NORFOLK VA 23508**

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

TITLE **TD** ☒ Delete  
 NAME **FRIEDMAN, DAVID DR.**  
 STREET ADDRESS **231 MAIN ST.**  
 CITY-ST-ZIP **CHERRY VALLEY MA 01611**

TITLE ☐ Change ☒ Addition  
 NAME **TD**  
 STREET ADDRESS **Richardson, Sam**  
 CITY-ST-ZIP **71 N. Main St.**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **Windsor Locks, CT**  
**06096**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ 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 lines empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**John Fischer 8/6/02 727-726-1472**

CR2E037 (4/02)