

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003584

1. Entity Name

JEWS FOR JESUS CORPORATION

Principal Place of Business

6043 KIMBERLY BLVD #G
FT LAUDERDALE FL 33068-2817

Mailing Address

6043 KIMBERLY BLVD #G
FT LAUDERDALE FL 33068-2817

2. Principal Place of Business

6043 Kimberly Blvd.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 590866
Suite, Apt. #, etc.

City & State

N. Lauderdale, FL

City & State

Ft. Lauderdale FL

Zip

33068-2817 USA

Country

Zip

33359-0866 USA

Country

4. FEI Number

94-2222464

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

Name

MEYER, STAN

6043 KIMBERLY BLVD #G

N LAUDERDALE FL 33068-2817

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 NAME STREET ADDRESS CITY-ST-ZIP	CV SPRADLIN, BYRON 60 HAIGHT ST SAN FRANCISCO CA 94102	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, RUSS 60 HAIGHT ST SAN FRANCISCO CA 94102	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROUNDS, VERNON DR 60 HAIGHT ST SAN FRANCISCO CA 94102	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMOS, STEPHEN 60 HAIGHT ST SAN FRANCISCO CA 94102	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRICKNER, DAVID 60 HAIGHT ST SAN FRANCISCO CA	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAO STONE, DAVID 60 HAIGHT ST SAN FRANCISCO CA 94102	☐ Delete

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
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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 of an attachment with an address, with all other like empowered.

SIGNATURE:

REDAVID STONE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/2/2002 415-864-2600
Daytime Phone #

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90044 009 ****61.25



DO NOT WRITE IN THIS SPACE

CRZE037 (9/01)