

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005730

1. Entity Name

RESTORATION OF LIFE MISSION IN CHRIST LIMITED, I

Principal Place of Business

1321 S. TAMPA AVE
ORLANDO FL 32805

Mailing Address

1321 S. TAMPA AVE
ORLANDO FL 32805-3631

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3540424

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAMES, ALBERTHA EVANGEL
1321 S. TAMPA AVE
ORLANDO FL 32805

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 *ALBERTHA James P.D. Albertha James*

(NOTE: Registered Agent signature required when reinstating)

DATE

1-14-00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
-Trust Fund Contribution.

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\$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	C ANDERSON, ALAN 6005 POWDER POST DRIVE ORLANDO FL 32810	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V INTERRANTE, RICHARD 5543 CONROY ROAD APT. #2 ORLANDO FL 3281	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAMES, ALBERTHA 1321 S. TAMPA AVE ORLANDO FL 32805	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V INTERRANTE, STACY 5543 CONROY RD APT. #2 ORLANDO FL 32811	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS CUTLIP, VICTORIA 1321 S. TAMPA AVE ORLANDO FL 32805	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CUTLIP, VICTORIA 1321 S. TAMPA AVE ORLANDO FL 32805	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> 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: *ALBERTHA JAMES P.D. Albertha James* 1-14-00 4072460287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90097 033 ****75.00

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DO NOT WRITE IN THIS SPACE