

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003610

1. Entity Name

BE-LOVED MINISTRY, CORP.

FILED

Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90194 033 ***150.00

Principal Place of Business

Mailing Address

3631 CARRIAGE GATE DR
MELBOURNE FL 32904

3631 CARRIAGE GATE DR
MELBOURNE FL 32904-9598

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 95-4187781

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

RYAN, BARBARA A
3631 CARRIAGE GATE DR
MELBOURNE FL 32904

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | RYAN, BARBARA A | |
| STREET ADDRESS | 3631 CARRIAGE GATE DR | |
| CITY-ST-ZIP | MELBOURNE FL 32904 | |
| TITLE | ED | <input type="checkbox"/> Delete |
| NAME | RYAN, TIMOTHY M | |
| STREET ADDRESS | 3631 CARRIAGE GATE DR | |
| CITY-ST-ZIP | MELBOURNE FL 32904 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WEBER, DR. CHARLES | |
| STREET ADDRESS | 15789 CASTLEWOODS DR | |
| CITY-ST-ZIP | SHERMAN OAKS CA 91403 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WALKER, MISS MARILEE | |
| STREET ADDRESS | 3709 LAUREL CANYON | |
| CITY-ST-ZIP | STUDIO CITY CA 91604 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | WILLIAMSONS, JAN | |
| STREET ADDRESS | 782 W 26TH STREET #D | |
| CITY-ST-ZIP | SAN PEDRO CA 90731 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Barbara A. Ryan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/6/00

Daytime Phone #

321-722-3611