

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005028

1. Entity Name

THE ARAMAIC BIBLE SOCIETY, INC.

FILED

May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90047 030 \*\*\*\*61.25

Principal Place of Business

79 NOWLAN ROAD  
BINGHAMTON NY 13901

Mailing Address

PO BOX 1653  
CALLAHAN FL 32011

2. Principal Place of Business

2123 Mickler Street

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Callahan, Fl.

City & State

Zip

32011

Country

Nassau

Country

4. FEI Number

23-7407784

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

LEONARD, REV. JAY W TH.G  
5130 BRITTANY DRIVE S # 101  
SAINT PETERSBURG FL 33715

7. Name and Address of New Registered Agent

Name

Rev. Jay W. Leonard Th.G.

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

2123 Mickler Street

City

Callahan,

FL

Zip Code

32011

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.

JAY W. LEONARD

(NOTE: Registered Agent signature required when reinstating)

04-26-01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP LEONARD, REV. JAY W TH.G 5130 BRITTANY DR. S # 101 SAINT PETERSBURG FL 33715	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST LEONARD, JOAN F 5130 BRITTANY DR S # 101 SAINT PETERSBURG FL 33715	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, VADA M 5130 BRITTANY DR S \$106 ST PETE FL 33715	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, VADA M 5130 BRITTANY DRIVE S #106 SAINT PETERSBURG FL 33715	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP Rev. Jay W. Leonard Th.G. 2123 Mickler Street Callahan, Fl. 32011	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST Joan F. Leonard 2123 Mickler Street Callahan, Fl. 32011	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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

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

JAY W. LEONARD

Date

04-26-01

Daytime Phone #

(904) 879-1329

CR2E037 (10/00)