## **2001 UNIFORM BUSINESS REPORT (UBR) FILED** May 01, 2001 08:00 AM N0000000289 DOCUMENT # 1. Entity Name **Secretary of State** UNITED HOLINESS CHURCH OF FAITH, INC. Principal Place of Business Mailing Address 501 EAST LAKE AVENUE 501 EAST LAKE AVENUE FL FL 33603 33603 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For X Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL33134 US City 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. 05/01/2001 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE D Change X Addition NAME NAME HOSEY DAFNEY STREET ADDRESS STREET ADDRESS 501 E. LAKE AVE. CITY-ST-ZIP CITY-ST-ZIP TAMPA FT. 33603 TITLE ☐ Delete TITLE D X Change ☐ Addition NAME HOSEY JAMES NAME HOSEY JAMES ST STREET ADDRESS STREET ADDRESS 501 EAST LAKE AVENUE 501 EAST LAKE AVENUE CITY-ST-ZIF TAMPA FL. 33603 CITY-ST-ZIP TAMPA FL. 33603 TITLE Delete TITLE SD X Change ☐ Addition NAME HOSEY DAFNEY NAME JELKS DAISEY SD STREET ADDRESS STREET ADDRESS 501 EAST LAKE AVENUE 501 EAST LAKE AVENUE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL. 33603 TAMPA FT. 33603 TITLE Delete TITLE VD X Change Addition NAME SOLOMON DAVID NAME SOLOMON DAVID VD STREET ADDRESS 501 EAST LAKE AVENUE STREET ADDRESS 501 EAST LAKE AVENUE CITY-ST-ZIP TAMPA FL. 33603 CITY-ST-ZIP TAMPA FL. 33603 TITLE PTD Delete TITLE PTD X Change ☐ Addition NAME SOLOMON GOEWRENA NAME SOLOMON GEOWRENA PTD STREET ADDRESS 501 EAST LAKE AVENUE STREET ADDRESS 501 EAST LAKE AVENUE CITY-ST-ZIP TAMPA $\mathbf{FL}$ 33603 CITY-ST-ZIP FL, 33603

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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: \_

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DAISÝ JEĽKS

☐ Delete

SD

05/01/2001

Change

Addition

CR2E037 (11/00)