

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003085

1. Entity Name

HIDDEN TREASURE FELLOWSHIP, INC.

Principal Place of Business

22631 ROCKLAND AVENUE  
SORRENTO FL 32776

Mailing Address

22631 ROCKLAND AVENUE  
SORRENTO FL 32776

2. Principal Place of Business

3. Mailing Address

P.O. Box 1421

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SORRENTO, FL

Zip

Country

Zip

Country

32776-1421

U.S.A.

4. FEI Number

59-3645390

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MILLER, DEBORAH JO  
22631 ROCKLAND AVENUE  
SORRENTO FL 32776

7. Name and Address of New Registered Agent

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

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 D ☐ Delete  
NAME MILLER, DEBORAH JO  
STREET ADDRESS 22631 ROCKLAND AVENUE  
CITY-ST-ZIP SORRENTO FL 32776

TITLE D ☐ Delete  
NAME WESTCOTT, JEAN M  
STREET ADDRESS 2455 MARKINGHAM ROAD  
CITY-ST-ZIP MAITLAND FL 32751

TITLE D ☐ Delete  
NAME STANLEY-CUMMINGS, D I  
STREET ADDRESS POST OFFICE BOX 161064 N/A  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32716-1064

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D,P ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D,T ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D,S ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Change ☒ Addition  
NAME DANIEL W. MILLER  
STREET ADDRESS 22631 ROCKLAND AVENUE  
CITY-ST-ZIP SORRENTO, FL 32776

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

4/5/01 (352) 383-7908



DO NOT WRITE IN THIS SPACE

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