

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **00000008048**

1. Entity Name
Esther's House, Inc.

Principal Place of Business Mailing Address
800 NW 18th Ave. #11 800 NW 18th Ave. #11
Gainesville, FL 32609 Gainesville, FL 32609

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 Applied For
59-3686150 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

Vera M. Toombs
800 NW 18th Ave. #11
Gainesville, FL 32609

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to:
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	Vera M. Toombs	
STREET ADDRESS	800 NW 18th Ave. #11	
CITY-ST-ZIP	Gainesville, FL 32609	
TITLE	V	<input type="checkbox"/> Delete
NAME	Margaret A. Watson	
STREET ADDRESS	P. O. Box 356	
CITY-ST-ZIP	Interlachen, FL 32145	
TITLE	D	<input type="checkbox"/> Delete
NAME	Neal Butler	
STREET ADDRESS	5906 NE 78th Lane	
CITY-ST-ZIP	Gainesville, FL 32609	
TITLE	D	<input type="checkbox"/> Delete
NAME	Jerline Galloway	
STREET ADDRESS	P. O. Box 356	
CITY-ST-ZIP	Interlachen, FL 32148	
TITLE	D	<input type="checkbox"/> Delete
NAME	Marvenelle Thomas	
STREET ADDRESS	11835 SW 8th Ave.	
CITY-ST-ZIP	Gainesville, FL 32607	
TITLE	D	<input type="checkbox"/> Delete
NAME	Ronald R. Thomas	
STREET ADDRESS	11835 SW 8th Ave.	
CITY-ST-ZIP	Gainesville, FL 32607	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800004641798-8
STREET ADDRESS	-10/18/01--01055--010
CITY-ST-ZIP	*****61.25 *****61.25
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	

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

10/23/01 352-336-2501

CR2E037 (11/00)