

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000008410

1. Entity Name

(ALEXANDER'S) GLEAMER OF THE HARVEST MINISTER IN

FILED N00000008410

01 JUN -6 AM 8:49

Principal Place of Business

7493 NE HWY #41  
WILLISTON FL 32696

Mailing Address

7493 NE HWY #41  
WILLISTON FL 32696

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

7493 NE Hwy # 41  
Suite, Apt. #, etc.

3. Mailing Address

7493 NE Hwy # 41  
Suite, Apt. #, etc.

City & State

WILLISTON FL

City & State

WILLISTON FL

Zip

32696

Country

LEVY

Zip

32696

Country

LEVY

03/02/2001-90038 033 \$70.00

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALEXANDER, JOHNNIE W  
18650 NE 75TH ST  
WILLISTON FL 32696  
2

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 JOHNNIE W. ALEXANDER 2-28-2001  
Signature, typed or printed name of registered agent and state 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DIRECTOR	JOHNNIE W. ALEXANDER	18650 NE 75TH ST	WILLISTON FL 32696	<input type="checkbox"/>
SECRETARY/DIRECTOR	PHILLIP W. ALEXANDER	18650 NE 75TH ST	WILLISTON FL 32696	<input type="checkbox"/>
TREASURER/DIRECTOR	PHILLIP W. ALEXANDER	18650 NE 75TH ST	WILLISTON FL 32696	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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: JOHNNIE W. ALEXANDER 2-28-2001  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

FEI, Director & Phillip as per conversation with Johnnie W. Alexander

CR2E037 (10/00)