

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00317

1. Entity Name

LATIN FAITH OUTREACH, INC.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90044 042 \*\*\*\*61.25

Principal Place of Business

Mailing Address

3859 BEE RIDGE ROAD. #104-  
SARASOTA FL 34233

3859 BEE RIDGE ROAD. #104  
SARASOTA FL 34233-1165

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

# 101

Suite, Apt. #, etc.

# 101

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2439166

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHERP, RONALD M.  
3859 BEE RIDGE RD. #101  
SARASOTA FL 34233

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME ANDREWS, JIM H.  
STREET ADDRESS 200 NAPLO LAMOLINA DEL SOL  
CITY-ST-ZIP LIMA, PERU SOUTH AMERICA

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

TITLE D ☐ Delete  
NAME ANDREWS, ALICE FAYE  
STREET ADDRESS 200 NAPLO LAMOLINA DEL SOL  
CITY-ST-ZIP LIMA, PERU SOUTH AMERICA FL

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

TITLE D ☐ Delete  
NAME ANDREWS, MARTIN R.  
STREET ADDRESS 2203 CHESHIRE DRIVE  
CITY-ST-ZIP BIRMINGHAM AL 35235

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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

MARTIN R. ANDREWS

Date

Daytime Phone #

CR2E037 (9/99)