

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90077 042 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N01000007657**

1. Entity Name

**THE TEMPLE MOUNT AND LAND OF ISRAEL FAITHFUL MOVEMENT, INC.**

Principal Place of Business

Mailing Address

5344 RED BUG LAKE ROAD  
 WINTER SPRINGS FL 32708

POST OFFICE BOX 181191  
 CASSELBERRY FL 32718

2. Principal Place of Business

3. Mailing Address

5344 RED BUG LAKE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CASSELBERRY FL

Zip

Country

Zip

Country

32718-1191 SEMINOLE

4. FEI Number

Applied For

01-0575460

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

GARRISON, KENNETH  
 5344 RED BUG LAKE ROAD  
 WINTER SPRINGS FL 32708

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 PD  
 NAME GARRISON, KENNETH  
 STREET ADDRESS 325 PINEY RIDGE ROAD  
 CITY-ST-ZIP CASSELBERRY FL 32707 ☐ Delete

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

TITLE VD  
 NAME KLEIN, JON  
 STREET ADDRESS 1700 PERCH LANE  
 CITY-ST-ZIP SANFORD FL 32771 ☐ Delete

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

TITLE TD  
 NAME O'BRYANT, JIM  
 STREET ADDRESS 5066 TANGERINE AVENUE  
 CITY-ST-ZIP WINTER PARK FL 32792 ☐ Delete

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

TITLE SD  
 NAME UNDERWOOD, HAROLD  
 STREET ADDRESS 1174 NORTH FAIRWAY DRIVE  
 CITY-ST-ZIP APOPKA FL 32712 ☐ Delete

TITLE SD  
 NAME UNDERWOOD, HAROLD  
 STREET ADDRESS 1936 CRANBERRY ISLES WAY  
 CITY-ST-ZIP APOPKA FL ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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 Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10 2002 (407) 699-1011

Date

Daytime Phone #

CR2E037 (9/01)