

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N0200008232**

1. Entity Name

Ambassador Rev Chief Dwayne Ministry Outreach, Inc.



FILED

04 FEB -2 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5712 Candlewood St.

3. Mailing Address

5712 Candlewood Street

DO NOT WRITE IN THIS SPACE

04

DUE BY MAY 1

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

4. FEI Number

55-0788273

Applied For

Not Applicable

Zip

Country

33407 U.S.A.

Zip

Country

33407 U.S.A.

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Bishop Chief T. Uzumefune

5712 Candlewood Street

West Palm Beach

City

FL

33407

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of agent, and date if applicable.

DATE

9. Capital Contributions as Shown on record.

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # **President**
NAME **Bishop Chief T. Uzumefune**
STREET ADDRESS **5712 Candlewood Street**
CITY-ST-ZIP **W.P.B. 33407**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **Director**
NAME **Wae Clark**
STREET ADDRESS **723 53rd Street**
CITY-ST-ZIP **W.P.B. FL. 33407**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **Treasure**
NAME **Clarence Patterson**
STREET ADDRESS **1141 W. 7th Street**
CITY-ST-ZIP **33407 Riviera Beach FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **Administration**
NAME **Michael & Jessie Wyatt**
STREET ADDRESS **2204 Wedgewood Plaza Dr**
CITY-ST-ZIP **Riviera Beach FL 33404**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003B (12/02)

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE