

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90426 022 ***150.00

DOCUMENT # N03000003757

1. Entity Name

JEREMY HARVEY MINISTRIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
18002 RICHMOND PLACE

3. Mailing Address
PO Box 48558

Suite, Apt. #, etc.
DRIVE #3224

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
TAMPA FL

City & State
TAMPA FL

4. FEI Number
59-3738360

Applied For
Not Applicable

Zip
33647

Country
USA

Zip
33647

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JEREMY HARVEY

Street Address (P.O. Box Number is Not Acceptable)
18002 RICHMOND PLACE

DRIVE #3224

City
TAMPA

FL

Zip Code
33647

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
JEREMY HARVEY
18002 RICHMOND PL DR #3224
TAMPA, FL 33647

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TRUSTEE
WILLIAM WAVRA
5701S MOPAC EXPRESS WAY#1612
AUSTIN, TX 78749

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S/T
JODI COETZEE
6515 OSPREY LAKE DR
RIVERVIEW, FL 33569

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TRUSTEE
KELLEY LEGER
18002 RICHMOND PL DR #3224
TAMPA, FL 33647

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or as an attachment with an address, with all other like empowered.

SIGNATURE:

Jeremy Harvey Jeremy Harvey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-02

813-368-8168

Date

Daytime Phone #