

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90241 044 \*\*\*\*70.00

**DOCUMENT # N08137**

1. Entity Name

**CLARENCE M. YATES MINISTRIES, INC.**

Principal Place of Business

Mailing Address

**400 SOUTH DEERWOOD AVENUE  
 ORLANDO FL 32825**

**400 SOUTH DEERWOOD AVENUE  
 ORLANDO FL 32825-8004**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2530526**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YATES, CLARENCE M.  
 400 DEERWOOD AVENUE  
 ORLANDO FL 32825**

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  Delete  
 NAME **VP**  
**YATES, CHARLOTTE M**  
 STREET ADDRESS **400 DEERWOOD AVE**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **CD**  
**TAYLOR, KEITH**  
 STREET ADDRESS **3621 NORTHGLENN DR**  
 CITY-ST-ZIP **ORLANDO FL 32806-7059**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
**GRACE, PHILIP**  
 STREET ADDRESS **1850 LEE RD. SUITE 115**  
 CITY-ST-ZIP **WINTER PARK FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
**LANDRY, MACK**  
 STREET ADDRESS **200 SPRING RUN CIR**  
 CITY-ST-ZIP **LONGWOOD FL 32779-4971**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
**SCOTT, TOM**  
 STREET ADDRESS **700 WESLEYAN DR**  
 CITY-ST-ZIP **MACON GA 31210**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
**SCHLURAFF, JAMES**  
 STREET ADDRESS **1802 LAKE GROVE LANE**  
 CITY-ST-ZIP **ORLANDO FL 32806**

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: \_\_\_\_\_

*Charlotte M. Yates*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **CHARLOTTE M YATES**

2-24-00

407-273-0236

Date

Daytime Phone #

CR2E037 (9/99)