

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08137

1. Entity Name

CLARENCE M. YATES MINISTRIES, INC.

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

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

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

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	VP	<input type="checkbox"/> Delete
NAME	YATES, CHARLOTTE M	
STREET ADDRESS	400 DEERWOOD AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	TAYLOR, KEITH	
STREET ADDRESS	3621 NORTHGLENN DR	
CITY-ST-ZIP	ORLANDO FL 32806-7059	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRACE, PHILIP	
STREET ADDRESS	1850 LEE RD. SUITE 115	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANDRY, MACK	
STREET ADDRESS	200 SPRING RUN CIR	
CITY-ST-ZIP	LONGWOOD FL 32779-4971	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCOTT, TOM	
STREET ADDRESS	700 WESLEYAN DR	
CITY-ST-ZIP	MACON GA 31210	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHLURAFF, JAMES	
STREET ADDRESS	1802 LAKE GROVE LANE	
CITY-ST-ZIP	ORLANDO FL 32806	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

2-24-00

407-273-0236

Date

Daytime Phone #

CR2E037 (9/99)