

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22976

1. Entity Name

THE FAMILY OF GOD INC.

Principal Place of Business

1530 LONGBAY ROAD  
MIDDLEBURG FL 32068  
US

Mailing Address

924 N MAGNOLIA AVE  
STE 250  
ORLANDO FL 32803-3849  
US

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

59-2847199

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BORGO, M-D  
924 N MAGNOLIA AVE  
ST-E250  
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name Borko, M. Douglas

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

924 N. Magnolia Avenue, Suite 250

City

Orlando

FL

Zip Code

32803

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

TITLE VD  
NAME FELDMAN, JUDY  
STREET ADDRESS 13085 ORTEGA LANE  
CITY-ST-ZIP N MIAMI FL 33157 ☐ Delete

TITLE T  
NAME BIZAR, PAUL  
STREET ADDRESS 200-24TH AVE  
CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785 ☐ Delete

TITLE DP  
NAME KLOSSNER, WILLIAM  
STREET ADDRESS 1201 AQUI ESTA  
CITY-ST-ZIP PUNTA GORDA FL 33950 ☐ Delete

TITLE D  
NAME BRIDGES, BETTY  
STREET ADDRESS 4244 CHOKEBERRY RD  
CITY-ST-ZIP MIDDLEBURG FL ☒ Delete

TITLE D  
NAME LOCKWOOD, DARLENE  
STREET ADDRESS 466 ARTHUR MOORE DR  
CITY-ST-ZIP GREEN COVE SPGS FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE SD  
NAME Atchison, James  
STREET ADDRESS 1960 N. Swinton Avenue  
CITY-ST-ZIP Delray Beach, FL ☐ Change ☒ Addition

TITLE M  
NAME Borko, M. Douglas  
STREET ADDRESS 924 N. Magnolia Avenue, Suite 250  
CITY-ST-ZIP Orlando, FL 32803 ☐ Change ☒ Addition

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.

407-835-7501

SIGNATURE:

*Signature* M. Douglas Borko

1/14/00

Date

Daytime Phone #

CR2E037 (9/99)