

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91325 019 *****61.25

DOCUMENT # N23180

1. Entity Name

BOB NUTTING MINISTRIES, INC.

Principal Place of Business

Mailing Address

%ROBERT E. NUTTING
 1801 S. ORANGE BLOSSOM TRAIL
 ORLANDO FL 32805

%ROBERT E. NUTTING
 1801 S. ORANGE BLOSSOM TRAIL
 ORLANDO FL 32805

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

59-2855260

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

NUTTING, ROBERT E.
1801 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32805

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	TD	<i>Martin Jooste</i>	<input type="checkbox"/> Delete
NAME	JOO	<i>Apt. 60, 222 N. Hiwassee Rd.</i>	
STREET ADDRESS	5558	<i>Orlando FL 32805</i>	
CITY-ST-ZIP	ORL	<i>Tel (407) 521-8432</i>	
TITLE	D	<i>SACHDEUA, PAUL</i>	<input checked="" type="checkbox"/> Delete
NAME		<i>4209 ARBOR OAKS CT</i>	
STREET ADDRESS		<i>ORLANDO FL 32808</i>	
CITY-ST-ZIP			
TITLE	SD	<i>LILLY, GENE</i>	<input type="checkbox"/> Delete
NAME		<i>P.O. BOX 487</i>	
STREET ADDRESS		<i>CAPE CANAVERAL FL 32920</i>	
CITY-ST-ZIP			
TITLE	D	<i>FLAGG, NORMAN</i>	<input type="checkbox"/> Delete
NAME		<i>3317 TENNESSEE TR</i>	
STREET ADDRESS		<i>ORLANDO, FL</i>	
CITY-ST-ZIP			
TITLE	D	<i>BART, BIDDLE</i>	<input type="checkbox"/> Delete
NAME		<i>2300 JET POINT DR.</i>	
STREET ADDRESS		<i>ORLANDO FL 32809</i>	
CITY-ST-ZIP			
TITLE	VPD	<i>KAHN, WILLIAM R</i>	<input checked="" type="checkbox"/> Delete
NAME		<i>3878 N LAKE ORLANDO PKWY</i>	
STREET ADDRESS		<i>ORLANDO FL</i>	
CITY-ST-ZIP			

TITLE	<i>P</i>	<i>President</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		<i>Robert E Nutting</i>	
STREET ADDRESS		<i>5400 Balboa Blvd</i>	
CITY-ST-ZIP		<i>Orlando FL 32809</i>	
TITLE	<i>D</i>	<i>Director</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		<i>Randall E. Kulis Jr.</i>	
STREET ADDRESS		<i>19530 County Rd.</i>	
CITY-ST-ZIP		<i>Clearmont FL 34711</i>	
TITLE	<i>VP</i>	<i>Director Vice President</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		<i>Joseph B Davis</i>	
STREET ADDRESS		<i>623 Marshall St.</i>	
CITY-ST-ZIP		<i>Altamonte Springs 32701</i>	
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			
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:

Robert E. Nutting President 2-24-01 407-843-8046

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)