

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25633

1. Entity Name

UNITED BIBLICAL CHURCHES OF GOD, AUXILIUM, INC.

Principal Place of Business

5680 W CARDINAL ST  
HOMOSASSA FL 34446  
US

Mailing Address

P.O. BOX 547  
CRYSTAL RIVER FL 34423-0547  
US

2. Principal Place of Business

3. Mailing Address

5680 W. Cardinal St P.O. Box 547  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

HOMOSASSA, FL

City & State

Crystal River, FL

4. FEI Number

59-2887718

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KIMBROUGH, CHARLES J  
5680 W CARDINAL ST  
HOMOSASSA FL 34446

7. Name and Address of New Registered Agent

Name Charles J. Kimbrough  
Street Address (P.O. Box Number is Not Acceptable) 5680 W. Cardinal Street  
City HOMOSASSA, FL  
Zip Code 34446

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 Charles J. Kimbrough, Pres (DP) No Change 1-16-2000  
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 NAME STREET ADDRESS CITY-ST-ZIP	DP KIMBROUGH, CHARLES J 5680 W CARDINAL ST HOMOSASSA FL 34446	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KIMBROUGH, AGNES N 5680 W CARDINAL ST HOMOSASSA FL 34446	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM HALE, HAGAN H 6200 W. HOLIDAY ST. HOMOSASSA FL 34446	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUMPHREY, ARTHUR L 3091 NW 48TH AVE. CHIEFLND FL 34446	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Jan 21, 2000 8:00 am  
Secretary of State

01-21-2000 90063 049 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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