

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33221

1. Entity Name

HARRY PAUL MINISTRIES, INC.

Principal Place of Business

917 EBB TIDE DR.  
GREEN COVE SPRINGS FL 32043  
US

Mailing Address

917 EBB TIDE DR  
GREEN COVE SPRINGS FL 32043-8727

2. Principal Place of Business

917 Ebb Tide Dr

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FLORIDA

City & State

Zip

32043

Country

USA

Zip

Country

4. FEI Number

59-2956294

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

PAUL, JOHN M

623 W ST

GREEN COVE SPRINGS FL 32043

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 DPT  
NAME PAUL, HARRY  
STREET ADDRESS 917 EBB TIDE DR  
CITY-ST-ZIP GREEN COVE SPRINGS

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DVS  
NAME LEE, ESTHER D  
STREET ADDRESS 1035 YELLOW WATER RD  
CITY-ST-ZIP BALDWIN FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME PAUL, PETER R  
STREET ADDRESS BLACK CREEK ROAD  
CITY-ST-ZIP MOUNTAIN CITY GA 30562

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME PAUL, JOHN M  
STREET ADDRESS 623 W ST  
CITY-ST-ZIP GREEN COVE SPGS FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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.

SIGNATURE:

SIGNATURE H. GUINER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 20, 2000 8:00 am  
Secretary of State

03-20-2000 90061 038 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)