

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35037

1. Entity Name

LOVE AND GRACE FAMILY CHURCH, INC.

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90040 039 ****61.25

Principal Place of Business

Mailing Address

12400 PLANTATION RD
 FORT MYERS FL 33912
 US

12400 PLANTATION RD
 FORT MYERS FL 33912-1343
 US

DU105262



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12400 Plantation Road

3. Mailing Address

12400 Plantation Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Myers, Florida

City & State

Ft. Myers, Florida

4. FEI Number

65-0150686

Applied For

Not Applicable

Zip

33912

Country

USA

Zip

33912

Country

USA

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

HAIGHT, DANIEL J.
 7767 CAMERON CIRCLE
 FT. MYERS FL 33912

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 **DP** ☐ Delete
 NAME **HAIGHT, DANIEL J**
 STREET ADDRESS **7767 CAMERON CIRCLE**
 CITY-ST-ZIP **FT. MYERS FL 33901**

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

TITLE **DS** ☐ Delete
 NAME **HAIGHT, JOSELYN A**
 STREET ADDRESS **7767 CAMERON CIRCLE**
 CITY-ST-ZIP **FT. MYERS FL 33901**

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

TITLE **DV** ☒ Delete
 NAME **DELEACAES, PASQUALE**
 STREET ADDRESS **3074 MCGREGOR BLVD**
 CITY-ST-ZIP **FT MYERS FL 33901**

TITLE ☐ Change ☒ Addition
 NAME **DV**
 STREET ADDRESS **Deleacaes, Patrick**
 CITY-ST-ZIP **322 SW 28th Terrace**
Cape Coral, FL 33914

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Joselyn A. Haight
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joselyn A. Haight, Secretary

9/5/00

Date

Daytime Phone #

CR2E037 (9/99)