

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38471

1. Entity Name

JUBILEE FELLOWSHIP, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90009 047 ****61.25

Principal Place of Business

Mailing Address

P O BOX 9221
PEMBROKE PINES FL 33084

P O BOX 9221
PEMBROKE PINES FL 33084

2. Principal Place of Business

PO BOX 826501

3. Mailing Address

PO BOX 826501

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SOUTH FLORIDA, FL

City & State

SOUTH FLORIDA, FL

Zip

33028

Country

Zip

33028

Country

4. FEI Number

65-0197008

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

THOMPSON, REV R
2631 TARPON DRIVE
MIRAMAR FL 33023

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

Richard J. Thompson

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
NAME
STREET ADDRESS
CITY-ST-ZIP
TTD
THOMPSON, RICHARD
2631 TUPPON DR.
MIRAMAR FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
ORTIZ, WILLIAM
324 SW 183RD WAY
PEMBROKE PINES FL 33029

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1172 NW 184 WAY
PEMBROKE PINES FL 33029

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
SINCLAIR, AMANDA
1172 NW 184 WAY
PEMBROKE PINES FL 33029

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
SINCLAIR AMANDA

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

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:

Richard J. Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #