

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-30-2000 90064 019 ****61.25

DOCUMENT # N38828

1. Entity Name

BOB AND ROSE WEINER MINISTRIES, INC.

Principal Place of Business

Mailing Address

**8017 SW 43RD PLACE
 GAINESVILLE FL 32608**

**P. O. BOX 1799
 GAINESVILLE FL 32602-1799
 US**

2. Principal Place of Business

2622 c-1 NW 43rd St

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

4. FEI Number

59-3022470

Applied For

Not Applicable

Zip

32608

Country

USA

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WEINER, ROBERT T JR
 8017 SW 43RD PLACE
 GAINESVILLE FL 32608**

7. Name and Address of New Registered Agent

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	WEINER, ROBERT T JR	8017 SW 43RD PLACE	GAINESVILLE FL 32608	<input type="checkbox"/>
O	WEINER, ROSE E	8017 SW 43RD PLACE	GAINESVILLE FL 32608	<input type="checkbox"/>
D	PAPPIS, NICK	62 COLONIAL COVE	JACKSON TN 3830	<input type="checkbox"/>
D	SOENSON, DICK	700 E. FAIRVIEW #52	MERIDIAN ID 83642	<input type="checkbox"/>
O	JARNUTOWSKI, SHERRIE	12342 HUNTERS HAVEN LN	JAX FL 32224	<input type="checkbox"/>
D	SHIBLEY, DAVID	1910 WIND HILL CIRCLE	ROCKWALL TX	<input checked="" type="checkbox"/>

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

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-4-00 904 375-6000
 Date Daytime Phone #

CR2E037 (9/99)