

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42886

1. Entity Name

FLORIDA FELLOWSHIP, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90010 040 ****61.25

Principal Place of Business

3375-G CAPITAL CIR.
TALLAHASSEE FL 32308

Mailing Address

3375-G CAPITAL CIR.
TALLAHASSEE FL 32308-3778

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3085176

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

THOMSON, W. FREDERICK
3375-G CAPITAL CR. NE
TALLAHASSEE FL 32308

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

TITLE ☐ Delete
NAME D
STREET ADDRESS LAMB, RICHARD
CITY-ST-ZIP 2536 MARSTON RD.
TALLAHASSEE FL

TITLE ☐ Delete
NAME D
STREET ADDRESS THOMSON, W. FREDERICK
CITY-ST-ZIP 2921 WOODSIDE DR.
TALLAHASSEE FL

TITLE ☐ Delete
NAME D
STREET ADDRESS WEST, ROBERT W.
CITY-ST-ZIP 3082 WATTERFORD DR.
TALLAHASSEE FL

TITLE ☐ Delete
NAME D
STREET ADDRESS WILLIS, STEVEN M.
CITY-ST-ZIP 4494 O'SHEA CT.
TALLAHASSEE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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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: *W. Frederick Thomson* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/00

Date

850-385-7444

Daytime Phone #

CR2E037 (9/99)