

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/1

DOCUMENT # N47620

1. Entity Name

BROTHERLY LOVE MINISTRIES OF PINE HILLS, INCORPO

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90105 017 \*\*\*\*61.25

Principal Place of Business

6225 CLARCONA OCOEE RD  
ORLANDO FL 32810

Mailing Address

P.O. BOX 608436  
ORLANDO FL 32860-8436  
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 680621

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ORLANDO, FL

City & State

City & State

ORLANDO, FL

Zip

Country

Zip

Country

32868-0621 ORANGE

4. FEI Number

59-2987125

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

SIMS, ARTHUR D., SR.  
7008 CHARINGMOOR CT  
ORLANDO FL 32818

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 PD ☐ Delete

NAME SIMS, ARTHUR D., SR.  
STREET ADDRESS 7008 CHARINGMOOR COURT  
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ Change ☒ Addition

NAME Joyce Smith  
STREET ADDRESS 2863 RAVENALL AVE.  
CITY-ST-ZIP ORLANDO, FL 32811

TITLE VD ☐ Delete

NAME BATCHELOR, HARVEY L  
STREET ADDRESS 1840 CROWN POINT WOODS  
CITY-ST-ZIP OCOEE FL

TITLE D ☐ Change ☒ Addition

NAME CALVIN BENJAMIN  
STREET ADDRESS 1701 LEE RD. #452N  
CITY-ST-ZIP WINTER GARDEN 32789

TITLE TD ☐ Delete

NAME FOSTER, FLOSSIE  
STREET ADDRESS 5823 CITADEL DR  
CITY-ST-ZIP ORLANDO FL 32839

TITLE ☐ Change ☐ Addition

TITLE SD ☐ Delete

NAME JENNINGS, ELENOR  
STREET ADDRESS 4 AUTUMN BREEZE WAY  
CITY-ST-ZIP WINTER PARK FL

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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 employees.

SIGNATURE:

SIGNATURE REQUIRED: [Signature]

Date

Daytime Phone #

4/25-00 407-880-9439