

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49515

1. Entity Name

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

FILED

May 21, 2000 8:00 am
Secretary of State

05-21-2000 90004 041 ****70.00

Principal Place of Business

1320 COCO PLUM DRIVE
MARATHON FL 33050
US

Mailing Address

1320 COCO PLUM DRIVE
MARATHON FL 33050-4015
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0350843

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HARPE, CATHY
1320 COCO PLUM DRIVE
MARATHON FL 33050

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:
FEES ARE \$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 ☐ Delete
D DOOLEY, COLLEEN
STREET ADDRESS 5901 W. COLLEGE ROAD
CITY-ST-ZIP KEY WEST FL

TITLE NAME ☐ Change ☒ Addition
D Sherry Read
STREET ADDRESS 1509 Patricia St.
CITY-ST-ZIP Key West FL 33040

TITLE NAME ☐ Delete
D GERBRACHT, HELEN
STREET ADDRESS 2325 SEIDENBERG AVE
CITY-ST-ZIP KEY WEST FL

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

TITLE NAME ☐ Delete
D TRUBEY, JEAN
STREET ADDRESS 801 FLEMING STREET
CITY-ST-ZIP KEY WEST FL

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

TITLE NAME ☐ Delete
M HARPE, CATHY
STREET ADDRESS 1320 COCO PLUM DR
CITY-ST-ZIP MARATHON FL 33050

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

TITLE NAME ☐ Delete
D JANSEN, ELLY
STREET ADDRESS 1320 COCO PLUM DR
CITY-ST-ZIP MARATHON FL 33050

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

TITLE NAME ☐ Delete
D Sherry Read
STREET ADDRESS 1509 Patricia St.
CITY-ST-ZIP Key West FL error CH

TITLE NAME ☐ Change ☐ Addition
D
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:

Cathy Harpe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-00 305-743-429

CR2E037 (9/99)