

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49515

1. Entity Name

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

FILED

May 04, 2001 8:00 am  
Secretary of State

05-04-2001 90104 014 \*\*\*\*70.00

Principal Place of Business

1320 COCO PLUM DRIVE  
MARATHON FL 33050  
US

Mailing Address

1320 COCO PLUM DRIVE  
MARATHON FL 33050  
US

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

65-0350843

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARPE, CATHY  
1320 COCO PLUM DRIVE  
MARATHON FL 33050

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 D ☐ Delete  
NAME DOOLEY, COLLEEN  
STREET ADDRESS 5901 W. COLLEGE ROAD  
CITY-ST-ZIP KEY WEST FL

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition  
NAME Robert K. McNally  
STREET ADDRESS 135 Coco Plum #4 D  
CITY-ST-ZIP Marathon FL 33050

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

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

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

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

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 my address, with all other like empowered.

SIGNATURE:

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

CATHY HARPE 4/24/01 (305) 743-4129

Date

Daytime Phone #

CR2E037 (10/00)