

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N49515

FILED  
Apr 29, 2002 8:00 AM  
Secretary of State

**Entity Name:** UNITED STATES FELLOWSHIP OF FLORIDA, INC.

**Current Principal Place of Business:**

1320 COCO PLUM DRIVE  
MARATHON, FL 33050 US

**New Principal Place of Business:**

**Current Mailing Address:**

1320 COCO PLUM DRIVE  
MARATHON, FL 33050 US

**New Mailing Address:**

**FEI Number:** 65-0350843

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HARPE, CATHY  
1320 COCO PLUM DRIVE  
MARATHON, FL 33050 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DOOLEY, COLLEEN  
Address: 5901 W. COLLEGE ROAD  
City-St-Zip: KEY WEST, FL

Title: D ( ) Delete  
Name: GERBRACHT, HELEN  
Address: 2325 SEIDENBERG AVE  
City-St-Zip: KEY WEST, FL

Title: D ( ) Delete  
Name: TRUBEY, JEAN  
Address: 801 FLEMING STREET  
City-St-Zip: KEY WEST, FL

Title: M ( ) Delete  
Name: HARPE, CATHY  
Address: 1320 COCO PLUM DR  
City-St-Zip: MARATHON, FL 33050

Title: D ( ) Delete  
Name: JANSEN, ELLY  
Address: 1320 COCO PLUM DR  
City-St-Zip: MARATHON, FL 33050

Title: D ( ) Delete  
Name: MCNALLY, ROBERT K  
Address: 135 COCO PLUM #4D  
City-St-Zip: MARATHON, FL 33050

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: READ, SHERRY  
Address: 1509 PATRICIA STREET  
City-St-Zip: KEY WEST, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHY HARPE

M

04/29/2002

Electronic Signature of Signing Officer or Director

Date

GOLDNER, BEVERLY D  
1500 ATLANTIC AVE #405  
KEY WEST, FL

MOTHNER, JOSHUA D  
C/O MARINE BANK  
11290 OVERSEAS HIGHWAY  
MARATHON, FL

MOTHNER, JOSHUA D  
C/O MARINE BANK