

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90017 001 \*\*\*\*61.25

**DOCUMENT #** N49619

**1. Entity Name**  
Jubilee Ministries, Inc.

**Principal Place of Business** **Mailing Address**

1700 S. San Pablo #317  
Jacksonville, FL 32224

**2. Principal Place of Business** **3. Mailing Address**

Same as above Same as above

Suite, Apt. #, etc.

**City & State** **City & State**

**Zip** **Country** **Zip** **Country**

USA USA

**B0085282**

DO NOT WRITE IN THIS SPACE

**4. FEI Number** **Applied For**

65-0310615 ☐ **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**

Charles E. Davis  
218 Annie St.  
Orlando, FL 32806

**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**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**Trust Fund Contribution.**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<u>Charles Hellier IV, Pres.</u> <input type="checkbox"/> Delete <u>1700 S. San Pablo #317</u> <u>Jacksonville, FL 32224</u>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<u>Charles Hellier IV</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<u>Warren Schoder</u> <input type="checkbox"/> Delete <u>1234 Copper Ave.</u> <u>Loveland, CO 80537</u>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<u>Joanne D. Hellier, V.P.</u> <input type="checkbox"/> Delete <u>1700 S. San Pablo #317</u> <u>Jacksonville, FL 32224</u>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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:** Joanne D. Hellier 4/27/00 904.221-2249

CR2E037 (9/99)