

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001669

1. Entity Name

CHRISTIAN FELLOWSHIP INTERNATIONAL/MICHAEL & BOB

**FILED**  
**Aug 31, 2000 8:00 am**  
**Secretary of State**

08-31-2000 90100 003 \*\*\*\*70.00

Principal Place of Business

37 OSPREY ST.  
 SAFETY HARBOR FL 34695  
 US

Mailing Address

P.O. BOX 1775  
 SAFETY HARBOR FL 34695  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3192955

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

DINKINS, LEWIS E.  
 201 NORTHEAST EIGHTH AVE.  
 Ocala FL 33447-0

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**

**After September 13, 2000 min. will be \$236.25**

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 LOWERY, MICHAEL L  
 STREET ADDRESS 37 OSPREY ST.  
 CITY-ST-ZIP SAFETY HARBOR FL 34695

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

TITLE TD ☐ Delete  
 NAME RAMER, DANIEL L  
 STREET ADDRESS 1940 WOLFORD RD.-APT A  
 CITY-ST-ZIP CLEARWATER FL 33756

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

TITLE VPSP ☒ Delete  
 NAME HINES, ROBERT  
 STREET ADDRESS 18131 SANPINES DR.  
 CITY-ST-ZIP SPRING HILL FL

TITLE ☐ Change ☒ Addition  
 NAME *VICE President / Secretary*  
 STREET ADDRESS *NICHOLAS W. LOWERY*  
 CITY-ST-ZIP *37 Osprey St.*  
*Safety Harbor, FL 34695*

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME *Secretary*  
 STREET ADDRESS *BRANDI N. LOWERY*  
 CITY-ST-ZIP *37 Osprey St.*  
*Safety Harbor, FL 34695*

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 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 an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/00

(727) 448-1775  
 Daytime Phone #

CR2E037 (5/00)