2000 UNIFORM BUSINESS REPORT (UBR)

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FILED DOCUMENT # N9400001095 Jul 19, 2000 8:00 am Secretary of State 1. Entity Name JEFFREY BROWN MINISTRIES, INC. 07-19-2000 90016 004 ****61.25 Principal Place of Business Mailing Address -2993 ELBERT WAY 2933 ELBERT WAY KISSIMMEE FL 34758-2812 KISSIMMEE PL 34758-2812 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number 59-3228601 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED 343 ALMERIA AVENUE **CORAL GABLES FL 33134** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 **Department of State** Trust Fund Contribution. Added to Fees After September 13, 2000 min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition T171 F TIT) F NAME BROWN, JEFFREY NAME STREET ADDRESS STREET ADDRESS 2933 ELBERT WAY CITY-ST-ZIP CITY-ST-ZIP KICSIMMEE-FL ☐ Addition Change TITLE Delete TITLE NAME BROWN, STEPHEN A. NAME STREET ADDRESS 3901 LAUREL BRANCH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL ☐ Addition Delete TITLE TITLE BROWN, JOAN NAME NAME STREET ADDRESS 2933 ELBERT WAY STREET ADDRESS CITY-ST-ZIP CATY-ST-71P KISSIMMEE FU ☐ Addition ☐ Delete TITLE NAME LAMB, EDDIE NAME STREET ADDRESS 316 KENT ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 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