

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002837

1. Entity Name

CHAPEL OF DIVINE LOVE, ADL INC.

Principal Place of Business

4645 N HARBOR CITY BLVD.
PALM SHORES FL 32935

Mailing Address

4645 N HARBOR CITY BLVD.
PALM SHORES FL 32935-7203

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

59-3307456

Applied For

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

BUCK, ROBERT
4645 N HARBOR CITY BLVD.
PALM SHORES FL 32935

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME BERNTSON, PAULA
STREET ADDRESS 1455 CONCORD AVENUE
CITY-ST-ZIP MERRITT ISLAND FL

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

TITLE D ☐ Delete
NAME FLOWE, BETTY
STREET ADDRESS 1011 WESTVIEW DRIVE
CITY-ST-ZIP COCOA FL

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

TITLE D ☐ Delete
NAME PENDERGRASS, REBECCA
STREET ADDRESS 3816 ARROWSMITH DRIVE
CITY-ST-ZIP COCOA FL

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

TITLE DP ☐ Delete
NAME BUCK, ROBERT
STREET ADDRESS 520 FOOTMAN LANE
CITY-ST-ZIP MERRITT ISLAND FL

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

TITLE TD ☐ Delete
NAME TOBIN, BETTY
STREET ADDRESS 447 SANDDOLLAR LANE
CITY-ST-ZIP COCOA FL

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

TITLE DV ☐ Delete
NAME BUCK, JANET
STREET ADDRESS 520 FOOTMAN LANE
CITY-ST-ZIP MERRITT ISLAND FL

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90081 027 ****61.25

604724



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)