

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004587

1. Entity Name

WINNING THE LOST AT ANY COST MINISTRY, INC.

Principal Place of Business

14560 NE 6 AVE  
#210  
N MIAMI FL 33161

Mailing Address

P.O. BOX 610746  
NORTH MIAMI FL 33261

FILED  
Apr 16, 2001 8:00 am  
Secretary of State

04-16-2001 90064 016 \*\*\*100.00

UU037235



2. Principal Place of Business

~~14560 NE 6 AVE #210~~  
Suite, Apt. #, etc.  
#210

3. Mailing Address

~~P.O. Box 610746~~  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

N. Miami

City & State

North Miami FL

4. FEI Number

36-3782590

Applied For

Not Applicable

Zip Country  
33161 Miami Dde.

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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

TITLE PD  
NAME RANDOLPH, DOROTHY J  
STREET ADDRESS 14560 NE 6 AVE #210  
CITY-ST-ZIP NORTH MIAMI FL

☐ Delete

TITLE DS  
NAME HARRIS, BARBARA  
STREET ADDRESS 1735 NW 135TH ST  
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE DT  
NAME PORTER, RUBY L  
STREET ADDRESS 953 NW 9TH AVE.  
CITY-ST-ZIP FL CITY FL

☐ Delete

TITLE T  
NAME DANIEL TITUS  
STREET ADDRESS 1932 NW 42 AVENUE  
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Dorothy J. Randolph*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/2001

(308) 354-7297

Date

Daytime Phone #

CR2E037 (10/00)