

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000006104

1. Entity Name

THE EAGLES MINISTRY OF FIRE, INC.

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FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90147 021 ****61.25

Principal Place of Business

Mailing Address

1713 N. PINE AVE
OCALA FL 34475
US

P.O. BOX 1294
SILVER SPRINGS FL 34489

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

59-3305308

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

JACKSON, DORIS M
10 CYPRESS RD
OCALA FL 34472

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
NAME JACKSON, DORIS M.
STREET ADDRESS 9320 PINE LANE
CITY-ST-ZIP Ocala FL 34472 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME 10 cypress Rd
STREET ADDRESS Ocala FL 34472

TITLE VPD
NAME JACKSON, RANDOLPH
STREET ADDRESS 9320 PINE LANE
CITY-ST-ZIP Ocala FL ☒ Delete

TITLE ☒ Change ☐ Addition
NAME VPD
STREET ADDRESS DACOSTA, LATYONIA A
CITY-ST-ZIP 8214 FAIRWAY CIRCLE APT B203
Ocala FL 34472

TITLE TD
NAME DACOSTA, LATYONIA A
STREET ADDRESS 8214 FAIRWAYS CIRCLE APT B203
CITY-ST-ZIP Ocala FL 34472 ☒ Delete

TITLE ☐ Change ☒ Addition
NAME TD
STREET ADDRESS SEARS, Frederick
CITY-ST-ZIP 16090 SW 53rd Ct
Ocala, 34473

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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

Date

Daytime Phone #

9-10-00 352-6872055