

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000209

1. Entity Name

RESURRECTION BRASS MINISTRIES, INC.

FILED

May 23, 2000 8:00 am
Secretary of State

05-23-2000 90261 038 ****61.25

Principal Place of Business

564 POSADAS CIRCLE
PORT CHARLOTTE FL 33983
US

Mailing Address

P O BOX 381296
MURDOCK FL 32825-7151
US

2. Principal Place of Business

14247 Portrush Drive
Suite, Apt. #, etc.

3. Mailing Address

14247 Portrush Drive
Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

65-0547410

Applied For

Not Applicable

Zip

32828

Country

USA

Zip

32828

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PELTON, PAUL
564 POSADAS CIRCLE
PORT CHARLOTTE FL 33983

7. Name and Address of New Registered Agent

Name

Paul Pelton

Street Address (P.O. Box Number is Not Acceptable)

14247 Portrush Drive

City

Orlando

FL

Zip Code

32828

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.

PAUL PELTON

(NOTE: Registered Agent signature required when reinstating)

4-26-00

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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD PELTON, PAUL P.O BOX 1296 N/A MURDOCK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PELTON, SANDRA P.O BOX 1296 N/A MURDOCK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, KEITH 801 LINNEAN TERR PT CHARLOTTE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLAUGHLIN, JACK 7500 FLORIDA ST PUNTA GORDA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLAUGHLIN, TIMOTHY 7500 FLORIDA STREET PUNTA GORDA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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, but all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL PELTON, PRESIDENT 4/24/00 407-482-7973

Date

Daytime Phone #

CR2E037 (9/99)