

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002107

1. Entity Name

THE POTTERS' HOUSE OF LOVE, INC.

Principal Place of Business

Mailing Address

2924 MCLEROY PLACE
DOVER FL 33527

2924 MCLEROY PLACE
DOVER FL 33527-4928

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCLEROY, HUGH D
2924 MCLEROY PLACE
DOVER FL 33527

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 P
NAME MCLEROY, HUGH D
STREET ADDRESS 2924 MCLEROY PLACE
CITY-ST-ZIP DOVER FL 33527 ☐ Delete

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

TITLE ST
NAME MCLEROY, JUDY
STREET ADDRESS 2929 MCLEROY PLACE
CITY-ST-ZIP DOVER FL 33527 ☐ Delete

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

TITLE T
NAME MOORE, JAMES
STREET ADDRESS 18 BARRON DRIVE
CITY-ST-ZIP PLANT CITY FL 33566 ☒ Delete

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

TITLE T
NAME THOMAS, PAUL
STREET ADDRESS 206 SEMINOLE LAKE BLVD.
CITY-ST-ZIP PLANT CITY FL ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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:

HUGH MCLEROY Pastor 3-4-00 813-651-9665



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)