## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # N9500003684 Apr 06, 2000 8:00 am Secretary of State 1. Entity Name THE WORLD CHURCH OF JESUS CHRIST THE ULTIMATE PS 04-06-2000 90066 001 \*\*\*\*61.25 04-06-2000 90066 002 \*\*\*\*\*8.75 Principal Place of Business Mailing Address 10516 BRANCHTON CHURCH ROAD 10516 BRANCHTON CHURCH ROAD THONOTOSASSA FL 33592-2208 THONOTOSASSA FL 33592 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BOMBINO, FRANK 10516 BRANCHTON CHURCH RD THONOTOSASSA FL 33592 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. 2000 FRANK L. BOMBING (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be FILE NOW: Trust Fund Contribution. FEE IS \$61.25 Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. ☐ Addition **PSTD** ☐ Delete TITLE TITLE NAME NAME BOMBINO, FRANK L STREET ADDRESS STREET ADDRESS 10516 BRANCHTON CHURCH ROAD CITY-ST-ZIP CITY-ST-ZIP THONOTOSASSA FL 33592 ☐ Change ☐ Addition TITLE Delete TITLE NAME LEMON, JAMES P NAME STREET ADDRESS STREET ADDRESS 10516 BRANCHTON CHURCH ROAD CITY-ST-ZIP CITY-ST-ZIP THONOTOSASSA FL 33592 ☐ Addition TITLE D. ☐ Delete TITLE ☐ Change NAME CHILES, RONALD NAME STREET ADDRESS STREET ADDRESS 10516 BRANCHTON CHURCH ROAD CITY-ST-ZIP CITY-ST-ZIP THONOTOSASSA FL 33592 Change Addition | ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete ☐ Addition TITLE NAME NAME **STREET ADDRESS** STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR