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**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

TITLE

NAME

STREET ADDRESS

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SIGNATURE:

CITY-ST-ZIP

## Sep 15, 2002 8:00 am Secretary of State DOCUMENT # N95000004638 09-15-2002 90087 010 \*\*\*\*70.00 BIBLE THEATRE INTERNATIONAL, INC. Principal Place of Business Mailing Address 3591 NW 9TH AVENUE FT. LAUDERDALE FL 33309 441 SO. STATE ROAD 7 000400 NO. FT. LAUDERDALE FL 33068 2. Principal Place of Business 3. Mailing Address 1000 THOMAS 525 DOWLING CIRCLE Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE LEESBURG City & State 4. FEI Number Applied For **NOT APPLICABLE** ADY LAKE Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired llSA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) BANKS, MARY 441 SOUTH STATE ROAD 7 SUITE 4 MARGATE FL 33068 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing After September 13, 2002, Make Check Payable to \$5.00 May Be min. will be \$236.25. Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITI E ☐ Delete TITLE ☐ Change ☐ Addition NAME THOMAS, CYNTHIA NAME STREET ADDRESS 655 DUNLIN FARMS COURT STREET ADDRESS CITY-ST-ZIP LAWRENCEVILLE GA 30044 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME BANKS, MARY NAME STREET ADDRESS 525 DOWLING CIRCLE LADY LAKE FL 32159 441 SOUTH STATE ROAD 7 SUITE 4 STREET ADDRESS CITY-ST-ZIP MARGATE FL 33068. CITY-ST-ZIP TITLE DVP ☐ Delete TITLE ☐ Change ☐ Addition THOMAS, TANYA NAME NAME STREET ADDRESS 241 NE 38TH ST B-105 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33334 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WENDEL, PAMELA STREET ADDRESS 161 N.W. 35 STREET STREET ADDRESS CITY-ST-ZIP OAKLAND PARK FL 33309 CITY-ST-ZIF TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

TITLE

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 pay 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 tristee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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