

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000006035

1. Entity Name

FRIENDS OF EPIPHANY, INC.

Principal Place of Business

6348 PALMAS BAY CIR
PORT ORANGE FL 32127

Mailing Address

6348 PALMAS BAY CIR
PORT ORANGE FL 32127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BIRO, MICHAEL V
6348 PALMAS BAY CIR
PORT ORANGE FL 32127-6779

7. Name and Address of New Registered Agent

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

TITLE DS ☐ Delete
NAME BIRO, MICHAEL V
STREET ADDRESS 6348 PALMAS BAY CIR
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE D ☐ Delete
NAME KAMIDE, PAUL T REV
STREET ADDRESS 488 OAKLAND PARK BLVD.
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE D ☐ Delete
NAME PERICOLA, PETER
STREET ADDRESS 5812 CAMELOT COURT
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2625 S. ATLANTIC AVE 25 SW
CITY-ST-ZIP DAYTONA BEACH SHORES FL 32118

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

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

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

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

TITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/2001 767 3576
Date Daytime Phone #

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90329 001 ***261.25

66892



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (10/00)