

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000000354**

1. Entity Name

RESTORATION & EVANGELISM ADVANCED THRU COMMUNITY**FILED****Feb 01, 2000 8:00 am**
Secretary of State

02-01-2000 90024 001 ****61.25

Principal Place of Business

Mailing Address

2511 NORTH GRADY
TAMPA FL 336072511 NORTH GRADY
TAMPA FL 33607-2420

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3357848

Applied For

Not Applied

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**WHITE, RANDY
4110 HIGHLAND PARK CIRCLE
LUTZ FL 33549

Name

Tony A. Puleo

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

15302 Otto Rd

City

Tampa

FL

Zip Code

33604

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

Tony A. Puleo

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-18-00

FILE NOW:
FEE IS \$61.259. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	WHITE, RANDY A	4110 HIGHLAND PARK CIRCLE	LUTZ FL 33549	
	WHITE, FRANK	3703 W CORONA ST.	TAMPA FL 33629	<input type="checkbox"/> Delete
	MALLAN, JENNIFER	8114 N. HULE AVE	TAMPA FL 33614	<input type="checkbox"/> Delete
	Tony Puleo	15302 Otto Rd.	Tampa, FL 33604	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

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, with all other like empowered.

SIGNATURE: *Tony A. Puleo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-00

Date

813-879-0553

Daytime Phone #