

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000355

1. Entity Name

UNIVERSITY DELIVERANCE OUTREACH MINISTRY, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90052 001 ***140.00

Principal Place of Business

Mailing Address

1440 SE 4TH ST.
GAINESVILLE FL 32601

1440 SE 4TH ST.
GAINESVILLE FL 32601-7991



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3363187

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WHITEHEAD, DARRYL D
1440 SE 4TH ST.
GAINESVILLE FL 32601

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
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
BROWN, SHEARON
317 SE 14TH LANE
GAINESVILLE FL 32601 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
JONES, ERICA
317 SE 14TH LANE
GAINESVILLE FL 32601 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MOSLEY, CAROL
1744 N.E. 21ST WAY
GAINESVILLE, FL. 32609 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WHITEHEAD, DARRYL
1440 SE 4TH ST.
GAINESVILLE FL 32601 ☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Delete

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☐ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2-2000

Date

Daytime Phone #

CR2E037 (9/99)