

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002641

1. Entity Name

THEE UNLIMITED OUTREACH, MINISTRIES, AND APOCALY

FILED

May 15, 2001 8:00 am  
Secretary of State

05-15-2001 90060 028 \*\*\*\*\*70.00

Principal Place of Business

3120 PEMBROKE RD  
BAYS #233 AND #234  
HALLANDALE FL 33009  
US

Mailing Address

P.O. BOX 1647  
HOMESTEAD FL 33090

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0674447

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

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\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent -

HAIRSTON, DIANNE M  
3120 PEMBROKE RD  
BAYS #233 AND #234  
HALLANDALE FL 33009

Name

DIANNIE M. Hairston

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

81 SW 6th Street

City

Homestead

FL

Zip Code

33090

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

DIANNIE M. Hairston President DIANNIE M. Hairston 4/19/01

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.

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\$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	PD DUNN, VICTOR REV 3120 PEMBROKE RD HALLANDALE FL 33009	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAIRSTON, JAMES D 3120 PEMBROKE RD HALLANDALE FL 33009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HAIRSTON, DIANNE M 3120 PEMBROKE RD HALLANDALE FL 33009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCDANIELS, JOE E 900 NW 6TH AVE #113 FLORIDA CITY FL 33034	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIANNIE M. Hairston 81 SW 6th Street Homestead, Florida 33030	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JD Adan C. Jaimes 14500 SW 280th Street Lot #2 Homestead, Florida 33032	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Daryl Brooks 24000 SW 127th Ave Princeton, FL 33032	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOE G. MCDANIELS 900 NW 6th Ave #113 Florida City, FL 33034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rev. Victor Dunn 3120 Pembroke Rd Hallandale, FL 33009	<input checked="" 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:

DIANNIE M. HAIRSTON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01

954/815-4240  
Daytime Phone #

CR2E037 (10/00)