

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004385

1. Entity Name

EPISCOPAL AIDS MINISTRY, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90043 035 ****70.00

Principal Place of Business

Mailing Address

464 N.E. 16 STREET
MIAMI FL 33132

464 N.E. 16 STREET
MIAMI FL 33132-1222

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

65-0692341

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SNIDER, GARY L
800 BRICKELL AVENUE #902
MIAMI FL 33131

Name Gary L. Snider

Street Address (P.O. Box Number is Not Acceptable)
777 Brickell Avenue, #900

City Miami

FL

Zip Code 33132

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 D
NAME ROBERTS, PHILLIP W
STREET ADDRESS 2130 S.W. 22 TERRACE
CITY-ST-ZIP MIAMI FL 33145 ☐ Delete

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

TITLE D
NAME LEON, MARIO
STREET ADDRESS 800 W AVE, #911
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete

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

TITLE D
NAME MALTBY, REV L HOWARD
STREET ADDRESS 4027 PINE TREE DR
CITY-ST-ZIP MIAMI BEACH FL ☐ Delete

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

TITLE D
NAME MADER, CHARLES
STREET ADDRESS 177 NORTH BAYSHORE DR. 1555
CITY-ST-ZIP MIAMI FL 33132 ☒ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 REQUIRED

Leon, Pres 2/3/00

305 3794673

Date

Daytime Phone #

CR2E037 (9/99)