

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000715

1. Entity Name

UPWARD BOUND MINISTRY, INCORPORATED

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90301 021 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2510 22ND STREET
SARASOTA FL 34234

2510 22ND STREET
SARASOTA FL 34234-7736

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

NOT APPLICABLE

Applied For

Not Applicable

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

LEE, STANLEY W
2510 22ND STREET
SARASOTA FL 34234

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	PD	<input type="checkbox"/> Delete
NAME	LEE, STANLEY W	
STREET ADDRESS	2510 22ND STREET	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CLAYTON, SHANIKA S	
STREET ADDRESS	2111 MAPLE AVENUE	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LEE, SOPHIA E	
STREET ADDRESS	2111 MAPLE AVENUE	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Stanley W. Lee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-00 (904) 853-6685

CR2E037 (9/99)