

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90186 048 \*\*\*\*61.25

**DOCUMENT # N97000000933**

1. Entity Name

**C.E. GLOVER OUTREACH MINISTRIES, INC.**

Principal Place of Business

9061 N.W. 11TH COURT  
 PLANTATION FL 33322

Mailing Address

9061 N.W. 11TH COURT  
 PLANTATION FL 33322-4910

2. Principal Place of Business

5166 Waters Edge Way

Suite, Apt. #, etc.

City & State

Cooper City, FL

Zip

33330

Country

3. Mailing Address

5166 Waters Edge Way

Suite, Apt. #, etc.

City & State

Cooper City, FL

Zip

33330

Country



DO NOT WRITE IN THIS SPACE

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

**GLOVER, C E**

9061 N.W. 11TH COURT  
 PLANTATION FL 33322

5166 Waters Edge Way  
 Cooper City, FL 33330

7. Name and Address of New Registered Agent

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

*Jacki Giles*

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

TITLE **PD** ☐ Delete  
 NAME **GLOVER, C E**  
 STREET ADDRESS **9061 N.W. 11TH COURT**  
 CITY-ST-ZIP **PLANTATION FL 33322**

TITLE **SD** ☐ Delete  
 NAME **GILES, JACKI**  
 STREET ADDRESS **504 N.W. 20TH AVE**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33311**

TITLE **TD** ☐ Delete  
 NAME **GLOVER, BEULAH R**  
 STREET ADDRESS **9061 N.W. 11TH COURT**  
 CITY-ST-ZIP **PLANTATION FL 33322**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **5166 Waters Edge Way**  
 CITY-ST-ZIP **Cooper City, FL 33330**

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

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **5166 Waters Edge Way**  
 CITY-ST-ZIP **Cooper City, FL 33330**

TITLE ☐ Change ☐ Addition  
 NAME  
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TITLE ☐ Change ☐ Addition  
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 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:**

*Jacki Giles* **REQUIRE** Jacki Giles

04/26/00

954-763-5644

Date Daytime Phone #