

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001426

1. Entity Name

OVERCOMERS OF VOLUSIA, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90080 043 ****61.25

Principal Place of Business Mailing Address
4550 SOUTH CLYDE MORRIS BOULEVARD 4550 SOUTH CLYDE MORRIS BOULEVARD
SUITE C SUITE C
PORT ORANGE FL 32119 PORT ORANGE FL 32119-4080

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

SAMAAN, PIERRE J DR.
4550 SOUTH CLYDE MORRIS BOULEVARD
SUITE C
PORT ORANGE FL 32119

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 ☐ Delete
NAME D
STREET ADDRESS SAMAAN, PIERRE J DR.
CITY-ST-ZIP 4550 SOUTH CLYDE MORRIS BLVD., SUITE C
PORT ORANGE FL 32119

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

TITLE ☐ Delete
NAME D
STREET ADDRESS SAMAAN, LINDA
CITY-ST-ZIP 4550 SOUTH CLYDE MORRIS BLVD., SUITE C
PORT ORANGE FL 32119

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

TITLE ☐ Delete
NAME D
STREET ADDRESS LUND, GORDON C
CITY-ST-ZIP 490 NORTH YONGE STREET
ORMOND BEACH FL 32174

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

TITLE ☐ Delete
NAME D
STREET ADDRESS MCKEOWN, CHUCK
CITY-ST-ZIP 1650 CENTER AVENUE
HOLLY HILL FL 32117

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] 4/22/00 760-0445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)