

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002598

1. Entity Name

J.B. MINISTRIES, INC.

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

03-22-2000 90062 028 ****61.25

Principal Place of Business

617 FOREST LAIR
TALLAHASSEE FL 32312
US

Mailing Address

617 FOREST LAIR
TALLAHASSEE FL 32312-1740
US

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

59-3453351

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

SMITH, RICK
617 FOREST LAIR
TALLAHASSEE FL 32312

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)

3/21/00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	STAFFORD, KEN	617 FOREST LAIR	TALLAHASSEE FL 32312	<input type="checkbox"/>	<input type="checkbox"/>
ST	SMITH, RICK	617 FOREST LAIR	TALLAHASSEE FL 32312	<input type="checkbox"/>	<input type="checkbox"/>
D	STOTT, JOHN	3316 GALLANT FOX TRAIL	TALLAHASSEE FL 32308	<input type="checkbox"/>	<input type="checkbox"/>
D	MCLAURIN, DAVID	3205 E LAKESHORE DR	TALLAHASSEE FL 32312	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/00

DATE

850-224-7080

Daytime Phone #