2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## DOCUMENT # N97000002737 Jun 27, 2000 8:00 am **Secretary of State** GENTLE SPIRIT'S REVIVAL, INC. 05-23-2000 90267 044 \*\*\*\*61.25 Principal Place of Business Mailing Address P.O. BOX 1951, Anna Maria, Florida Anna Maria, Elorida 34216 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0758463 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) MCWHORTER, RHONDA S. 4114 19TH AVENUE WEST **BRADENTON FL 34205** 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition TITLE ☐ Delete TITLE LEECH, ROBBIE L NAME NAME STREET ADDRESS STREET ADDRESS POST OFFICE BOX 1937 CITY-ST-ZIP CITY - ST- 7IP anna maria fil 34216 Delete Addition ☐ Change TITLE TITLE DESEAR, MARGARET J NAME NAME STREET ADDRESS STREET ADDRESS 5304 - 26TH AVENUE CT. W." FL 34716 CITY-ST-ZIP CITY-ST-7/8 <u>Bradenton</u> FL 34209 Change TITLE Delete TITLE MCWHORTER, RHONDA S NAME NAME STREET ADDRESS STREET ADDRESS 4114-19TH-AVENUE-WEST CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34205 Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS CITY-ST-72P CiTY-ST-ZIP Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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.