

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 08, 2001 8:00 am
Secretary of State**

01-08-2001 90044 041 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N97000004327			
1. Entity Name TECHILAH CHADASHAH NEW BEGINNINGS, INC.			
Principal Place of Business 915 OAK LANE LAKELAND FL 33813 US		Mailing Address 5118 DORMAN ROAD LAKELAND FL 33813	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3480114		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCGILL, YVONNE 5118 DORMAN ROAD LAKELAND FL 33813		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 _____ 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 NAME STREET ADDRESS CITY-ST-ZIP	ST MCGILLE, LAUREN C 5118 DORMAN RD LAKELAND FL 33813 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HERMANN, THOMAS 6885 HAYTER DR LAKELAND FL 33813 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERMANN, JUDITH 6885 HAYTER DR LAKELAND FL 33813 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCELWEE, MARK 4516 HIGHLAND LN LAKELAND FL 33813 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition of address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCELWEE, CHRISTINE 4516 HIGHLAND LN LAKELAND FL 33813 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition of address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <i>Lauren C. McGill</i> ST		01/01/01 (863) 646-8358	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E037 (10/00)