

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005070

1. Entity Name
THE JESUS WAY INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90031 003 ****61.25

Principal Place of Business

1811 SE 48TH ST.
OCALA FL 34480

Mailing Address

1811 SE 48TH ST.
OCALA FL 34480-4709

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0782419

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEWART, NANCY L
1811 FERN LANE
DELTONA FL 32708

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2932 Fern Lane -

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

TITLE ☒ Delete
NAME STEWART, ANGEL
STREET ADDRESS 1811 SE 48TH ST.
CITY-ST-ZIP Ocala FL 34480

TITLE ☒ Delete
NAME DVP
NAME STEWART, TRAVIS
STREET ADDRESS 1811 SE 48TH ST.
CITY-ST-ZIP Ocala FL 34480

TITLE ☐ Delete
NAME DT
NAME STEWART, YVONNE
STREET ADDRESS 1811 SE 48TH ST.
CITY-ST-ZIP Ocala FL 34480

TITLE ☐ Delete
NAME T
NAME FENN, JOHN
STREET ADDRESS 7700 S LEWIS AVE.
CITY-ST-ZIP TULSA OK 74136

TITLE ☐ Delete
NAME T
NAME RUGGLES, BRIAN
STREET ADDRESS 2135 E 139TH ST.
CITY-ST-ZIP BIXBY OK 74008

TITLE ☐ Delete
NAME T
NAME RUGGLES, MICHELLE
STREET ADDRESS 2135 E 139TH ST.
CITY-ST-ZIP BIXBY OK 74008

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME ~~Ang~~ Stewart, Travis
STREET ADDRESS 1811 SE 48th St.
CITY-ST-ZIP Ocala, FL 34480

TITLE ☒ Change ☐ Addition
NAME DVP
NAME Meagher, Angel
STREET ADDRESS P.O. Box 2162
CITY-ST-ZIP Secunderabad, India, A.P. - 500 003

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-00

352-60-2270

Date

Daytime Phone #

CR2E037 (9/99)