

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N9700005135**

1. Entity Name

Dell Ministries Corp

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FILED
Jun 13, 2000 8:00 am
Secretary of State

06-13-2000 90011 007 ****61.25

Principal Place of Business

Mailing Address

Dell Ministries Corp

5716 Moonlight CR Orlando FL 32703

2. Principal Place of Business

Same

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Not Applicable

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

SPIEGEL & UTHERA, PA

P.O. Box 14479

Coral Gables, FL 33114-4479

Name

Pamela J. Miller

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

5716 Moonlight CR

City

Orlando

FL

Zip Code

32839

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 **Pamela J. Miller pres**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Pamela J. Miller

6/6/00

**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	President	<input type="checkbox"/> Delete
NAME	Pamela J. Miller	
STREET ADDRESS	5716 Moonlight CR	
CITY-ST-ZIP	Orl. FL 32839	
TITLE	S.D.	<input type="checkbox"/> Delete
NAME	Debbie Varnell	
STREET ADDRESS	5716 Moonlight CR	
CITY-ST-ZIP	Orl. FL 32839	
TITLE	TO	<input type="checkbox"/> Delete
NAME	Robert K. Penickston	
STREET ADDRESS	5716 Moonlight CR	
CITY-ST-ZIP	Orl. FL 32839	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Pamela J. Miller**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/00

Date

(407) 293-1313

Daytime Phone #

CR2E037 (9/99)