

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005162

1. Entity Name

BILL RICE MINISTRIES, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90420 009 ****61.25

Principal Place of Business

Mailing Address

19730 SW 12TH ST
PEMBROKE PINES FL 33029

P.O. BOX 821867
SOUTH FLORIDA FL 33082-1867

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0778730

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

RICE, BILL
19730 SW 12TH ST
PEMBROKE PINES FL 33029

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 DT ☐ Delete
NAME RICE, BILL
STREET ADDRESS 19730 SW 12TH ST
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE DC ☐ Change ☒ Addition
NAME Willie Jones
STREET ADDRESS 2261-N.W. 58 ST
CITY-ST-ZIP Miami, Fla. 33142

TITLE DP ☐ Delete
NAME MARKS, MITCHELL
STREET ADDRESS 701 NW 210 ST, BLDG 3 APT 511
CITY-ST-ZIP N MIAMI FL 33169

TITLE DC ☐ Change ☒ Addition
NAME Lee Hawkins
STREET ADDRESS 4650 S.W. 24 ST
CITY-ST-ZIP Hollywood, Fla 33023

TITLE DV ☐ Delete
NAME MARKS, VIVIAN
STREET ADDRESS 701 NW 210 ST, BLDG 3 APT 511
CITY-ST-ZIP N MIAMI FL 33169

TITLE DC ☐ Change ☒ Addition
NAME Jepp Terra Longe
STREET ADDRESS 1421 S.W. 88 Ave
CITY-ST-ZIP Pembroke Pines, Fla 33025

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Bill Rice*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)