

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006811

1. Entity Name

ST. BARTHOLOMEW TABERNACLE INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90097 048 \*\*\*\*70.00

Principal Place of Business

4291 NW 7 AVE  
MIAMI FL

Mailing Address

P O BOX 015324  
MIAMI FL 33101-5324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0802479

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

GAYLORD, CHERYL E  
240 NW 14TH TERR  
MIAMI FL 33101-9996

7. Name and Address of New Registered Agent

Name

GAYLORD, CHERYL E

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

152 NW 13 STREET

City

MIAMI, FL

FL

Zip Code  
33136

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

*Cheryl Gaylord* CHERYL GAYLORD

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/14/00

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 D ☐ Delete  
NAME CUTTLER, CHARLES  
STREET ADDRESS 654 NW 10TH ST  
CITY-ST-ZIP MIAMI FL 33101

TITLE D ☐ Delete  
NAME LELIEBRE, MARCUS  
STREET ADDRESS 1280 NW 35TH ST  
CITY-ST-ZIP MIAMI FL 33142

TITLE D ☐ Delete  
NAME GAYLORD, GEORGE M  
STREET ADDRESS P.O. BOX 015324  
CITY-ST-ZIP MIAMI FL 33101

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition  
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:

*George M. Gaylord* George M. Gaylord

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)