

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001046

1. Entity Name

BEMBOW'S LOVE AND CARE SHELTER INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90144 050 ****61.25

Principal Place of Business

259 QUEBEC AVENUE
DEFUNIAK SPRINGS FL 32433

Mailing Address

259 QUEBEC AVENUE
DEFUNIAK SPRINGS FL 32433-2000

2. Principal Place of Business

259 Quebec Avenue

Suite, Apt. #, etc.

3. Mailing Address

259 Quebec Avenue

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Defunak Spgs. Fla.

City & State

Defunak Spgs. Fla.

4. FEI Number

59-3489790

Applied For

Not Applicable

Zip

32433

Country

Walton

Zip

32433

Country

Walton

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEE, MACKIE
135 HYW 193 N
ARGYLE FL 32422

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

Mackie Lee

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-00

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	<input type="checkbox"/> Delete
NAME	BEMBORN, REGINALD	
STREET ADDRESS	516 TALLPINE ST	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHEELER, JONNUR	
STREET ADDRESS	559 RUCKEL DR	
CITY-ST-ZIP	DEFUNIA SPRING FL 32435	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOLMES, GAIL	
STREET ADDRESS	678 S 11TH ST	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BEMBA, RODNEY	
STREET ADDRESS	515 S 18TH QUEBEC RUN #305	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE		<input type="checkbox"/> Delete
NAME		
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reginald Tyrone Bembow Sr.	
STREET ADDRESS	516 Tallpines	
CITY-ST-ZIP	Crestview Florida 32539	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LISA LEE	
STREET ADDRESS	2341 Windermere Rd	
CITY-ST-ZIP	TALLAHASSEE FL 32411	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gloria Ingram	
STREET ADDRESS	45 Bay Street	
CITY-ST-ZIP	Defunak Springs Fla. 32435	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chris Newell	
STREET ADDRESS	226 First Street	
CITY-ST-ZIP	Defunak Springs Fla 32435	
TITLE	Vice P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rodney Bembow	
STREET ADDRESS	259 Quebec Run	
CITY-ST-ZIP	Defunak Spri Fla 32433	
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:

Reginald Bembow Sr.

4-26-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #