

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001337

1. Entity Name

UPPER ROOM APOSTOLIC TABERNACLE, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90077 014 ****61.25

Principal Place of Business

Mailing Address

5964 COY GLEN WAY
LAKE WORTH FL 33463

5964 COY GLEN WAY
LAKE WORTH FL 33463-6750

00033787



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0888627

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

Name

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

City

FL

Zip Code

EXCELL, MICHAEL D
695 AUBURN CIR E, APT H
DELRAY BEACH FL 33444

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

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

(NOTE: Registered Agent signature required when reinstating)

3 / 2 / 00
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	PD	<input type="checkbox"/> Delete
NAME	SMALL, DOROTHY C	
STREET ADDRESS	5964 COY GLEN WAY	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	SD	<input type="checkbox"/> Delete
NAME	EXCELL, MICHAEL D	
STREET ADDRESS	695 AUBURN CIR E, APT H	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STEWART, AGNES	
STREET ADDRESS	5487 HAVER FORD WAY	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMALL, ALPHANSO	
STREET ADDRESS	5964 COY GLEN WAY	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	D	<input type="checkbox"/> Delete
NAME	EWAN, CLAYTON	
STREET ADDRESS	11734 SANDERLING DR	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMALL, SHAUNA D	
STREET ADDRESS	5964 COY GLEN WAY	
CITY-ST-ZIP	LAKE WORTH FL 33463	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Dorothy C. Small DOROTHY C. SMALL 3 / 2 / 00 (561-963-9312)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)