

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002212

1. Entity Name

THE POTTER'S HOUSE INTERNATIONAL INC.

FILED

Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90225 010 ****61.25

Principal Place of Business

7184 SPOONFOOT ST
ORLANDO FL 32822

Mailing Address

7184 SPOONFOOT ST
ORLANDO FL 32822

2. Principal Place of Business

THE POTTER'S HOUSE INTERNATIONAL
Suite, Apt. #, etc.
7184 SPOONFOOT ST

3. Mailing Address

7184 SPOONFOOT ST
Suite, Apt. #, etc.

City & State

ORLANDO FL.

City & State

ORLANDO FL.

Zip

32822

Country

ORANGE

Zip

32822

Country

ORANGE



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3464003

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PUGH, J T
7184 SPOONFOOT ST
ORLANDO FL 32822

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

J. T. PUGH

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-26-01

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 PUGH, J T
STREET ADDRESS 7184 SPOONFOOT ST
CITY-ST-ZIP ORLANDO FL 32822

TITLE D ☐ Delete
NAME PUGH, DOROTHY V
STREET ADDRESS 7184 SPOONFOOT ST
CITY-ST-ZIP ORLANDO FL 32822

TITLE D ☐ Delete
NAME JONES, KATHERINE
STREET ADDRESS 1519 STORMWAY CT
CITY-ST-ZIP APOPKA FL 32712

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
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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: J. T. PUGH REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-01 407-207-4076

Date

Daytime Phone #

CR2E037 (10/00)