

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002540

1. Entity Name

LAKE MAGGIORE CONGREGATION OF JEHOVAH'S WITNESSE

FILED
Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90013 044 ****61.25

Principal Place of Business

1454 16TH STREET, S
ST. PETERSBURG FL 33705
US

Mailing Address

2510 33RD STREET
ST. PETERSBURG FL 33212
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2750609

Applied For

Not Applicable

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

WIMBERLY, JAMES O SR
2510 33RD STREET
ST. PETERSBURG FL 33212

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 DP
NAME WIMBERLY, JAMES O SR
STREET ADDRESS 2510 33RD STREET
CITY-ST-ZIP ST. PETERSBURG FL 33212 ☐ Delete

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

TITLE DV
NAME GRAHAM, JAMES D JR
STREET ADDRESS 810 58TH AVE SO. 810 58TH AVE SO.
CITY-ST-ZIP ST. PETERSBURG FL 33705 ☐ Delete

TITLE DV
NAME Graham, James D JR.
STREET ADDRESS 801 58TH AVE SO. 801 58 AVE S.
CITY-ST-ZIP St. Petersburg, FL 33705 ☒ Change
Correction ☐ Addition

TITLE DST
NAME RIVERS, JAMES
STREET ADDRESS 2426 QUEEN ST. SO.
CITY-ST-ZIP ST. PETERSBURG FL 33212 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

James O. Wimberly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02/07/01

Daytime Phone #

727-327-4253

CR2E037 (10/00)