

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003964

1. Entity Name

VICTORY RESTORATION TABERNACLES, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90149 025 ****61.25

Principal Place of Business

4289 GRIFFIN ROAD
FORT LAUDERDALE FL 33314

Mailing Address

4289 GRIFFIN ROAD
FORT LAUDERDALE FL 33314-4768

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0848957

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SWEETING, LAWRENCE
4289 GRIFFIN ROAD
FORT LAUDERDALE FL 33314

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

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

TITLE PCD ☐ Delete
NAME SWEETING, LAWRENCE
STREET ADDRESS 2218 DOUGLAS STREET
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE VSD ☐ Delete
NAME SWEETING, TAWANDA
STREET ADDRESS 2218 DOUGLAS STREET
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE MTD ☐ Delete
NAME ALLEN, JANIE
STREET ADDRESS 4439 SW 23RD STREET
CITY-ST-ZIP HOLLYWOOD FL 33023

TITLE D ☐ Delete
NAME HUMPHREY, GLORIA
STREET ADDRESS 1540 SUNSET STRIP
CITY-ST-ZIP SUNRISE FL 33313

TITLE D ☐ Delete
NAME BROWN, SYLVIA
STREET ADDRESS 505 SOUTH PINE ISLAND ROAD
CITY-ST-ZIP PEMBROKE PINES FL 33050

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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/00

(954) 920-9785

Date

Daytime Phone #