

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004209

1. Entity Name

BROKEN BONDAGES, INC.

R

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90015 036 \*\*\*\*61.25

Principal Place of Business

NEW BETHEL MISSIONARY BAPTIST CHURCH  
618 E. 10TH STREET  
SANFORD FL 32773

Mailing Address

82 TYSON COURT  
OVIEDO FL 32765

2. Principal Place of Business

662 Academy Place  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Oviedo, FL

City & State

Zip

32765

Country

USA

Country

4. FEI Number

59-3506053

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, LOVELY B  
82 TYSON COURT  
OVIEDO FL 32765

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

Lovely Williams

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

(NOTE: Registered Agent signature required when reinstating)

9/12/00

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

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	PD	<input type="checkbox"/> Delete
NAME	WILLIAMS, LOVELY B	
STREET ADDRESS	82 TYSON COURT	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	V	<input type="checkbox"/> Delete
NAME	GLENN, JEAN	
STREET ADDRESS	1101 E. 7TH STREET	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	MEDLOCK, ADRIENE	
STREET ADDRESS	P.O. BOX 934 N/A	
CITY-ST-ZIP	SANFORD FL 32721	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARREL, ROBERT	
STREET ADDRESS	1981 W. HYDE DRIVE	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, WILLIE	
STREET ADDRESS	9TH STREET	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gwendolyn George	
STREET ADDRESS	1605 Cedar Creek Circle	
CITY-ST-ZIP	Sanford, FL 32771	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Lovely Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/00

Date

Daytime Phone #

CR2E037 (5/00)