

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005255

1. Entity Name

UPPER ROOM BIBLE STUDIES, INC.

Principal Place of Business

3334 E. SHENANDOAH DR.
JACKSONVILLE FL 32065

Mailing Address

3334 E. SHENANDOAH DR.
JACKSONVILLE FL 32065-6830

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number

59-3531775

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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.

JACKSONVILLE FL 32065
3334 E. SHENANDOAH DR.
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LAWSON, REV. DAVE
3334 E. SHENANDOAH DR.
JACKSONVILLE FL 32065 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RINER, CRYSTAL H
11226 DUVAL RD.
JACKSONVILLE FL 32218 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILLIAMS, DR. ARLO
9648 WOODLAND AVE.
JACKSONVILLE FL 32208 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GAY, REV. MELBA
1261 HAMMOND BLVD.
JACKSONVILLE FL 32221 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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☐ 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:

Signature of Trustee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

904-278-8489

Date

Daytime Phone #

CR2E037-19/99

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90034 002 ****61.25



DO NOT WRITE IN THIS SPACE