

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006663

1. Entity Name

THE KING'S COURT CHRISTIAN DANCE MINISTRY, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90034 038 ****61.25

Principal Place of Business

Mailing Address

13302 EGRETS MARSH DR.
JACKSONVILLE FL 32224

13302 EGRETS MARSH DR.
JACKSONVILLE FL 32224-1376

00012313



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3545824

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HANDTKE, RENEE M
13302 EGRETS MARSH DR.
JACKSONVILLE FL 32224

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 ☐ Delete
NAME D
STREET ADDRESS HANDTKE, RENEE M
CITY-ST-ZIP 13302 EGRETS MARSH DR.
JACKSONVILLE FL 32224

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

TITLE ☐ Delete
NAME D
STREET ADDRESS HANDTKE, PHIL S
CITY-ST-ZIP 13302 EGRETS MARSH DR.
JACKSONVILLE FL 32224

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

TITLE ☐ Delete
NAME D
STREET ADDRESS DIRE, SUSAN
CITY-ST-ZIP 13700 RICHMOND PARK DR, APT 906
JACKSONVILLE FL 32224

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

TITLE ☐ Delete
NAME D
STREET ADDRESS WILLIAMSON, JERRY
CITY-ST-ZIP 203 SOUTH ROSCOE BLVD
PONTE VEDRA BEACH FL 32082

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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:

Renée M Handtke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/00

Date

Daytime Phone #

CR2E037 (9/99)