

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006953

1. Entity Name

LOVE INTERNATIONAL MINISTRIES, INC.



FILED
Jun 19, 2000 8:00 am
Secretary of State

06-19-2000 90002 024 ****61.25

Principal Place of Business

Mailing Address

1107 PAPAYA DR
TAMPA FL 33619
US

P. O. BOX 4043
BRANDON FL 33509-4043
US

2. Principal Place of Business

3. Mailing Address

1107 Papaya Dr.
Suite, Apt. #, etc.
Tampa

P.O. Box 4043
Suite, Apt. #, etc.
Brandon

City & State
Tampa, Florida

City & State
Brandon, Florida

Zip
33619

Zip
33509

Country
US

Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

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

HOLLINGSBED, SYLVIA
3212 CLIFFORD SAMPLE DR.
TAMPA FL 33619

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 TP ☐ Delete
NAME O'NEAL-WILLIAMS, BELINDA
STREET ADDRESS 1107 PAPAYA DR
CITY-ST-ZIP TAMPA FL

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

TITLE T ☐ Delete
NAME HOTLINSBED, SYLVIA
STREET ADDRESS 3212 CLIFFORD SAMPLE DR
CITY-ST-ZIP TAMPA FL 33619

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

TITLE T ☐ Delete
NAME WILLIAMS, SHENIKA
STREET ADDRESS 5346 MADISON LK CIR
CITY-ST-ZIP TAMPA FL 33619

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

TITLE TS ☐ Delete
NAME HOLLINGSBED-SHENIA
STREET ADDRESS 4019 ARCH ST
CITY-ST-ZIP TAMPA FL 33607

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

TITLE T ☒ Delete
NAME SMITH, MARY
STREET ADDRESS 4403 PERCH
CITY-ST-ZIP TAMPA FL 33605

TITLE ☐ Change ☐ Addition
NAME KIA HOLLINGSBED
STREET ADDRESS 3212 Clifford Sample Drive
CITY-ST-ZIP Tampa, FL 33619

TITLE T ☐ Delete
NAME WILLIAMS, FRANCES
STREET ADDRESS 4019 ARCH ST
CITY-ST-ZIP TAMPA FL 33607

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:

Belinda O'Neal Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-31-00 Belinda O'Neal Williams