

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 23, 2000 08:00 AM
Secretary of State

DOCUMENT # N99000000070

1. Entity Name

BARCLAY T. MCRAE MINISTRIES, INCORPORATED

Principal Place of Business

543 SUMMERS CREEK DRIVE

MERRITT ISLAND
32952

FL

Mailing Address

543 SUMMERS CREEK DRIVE

MERRITT ISLAND
32952

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3555083

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCRAE BARCLAY TREV.
543 SUMMERS CREEK DRIVE

MERRITT ISLAND
32952

FL

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.)

02/23/2000

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 D ☐ Delete
NAME MORRIS EARLINE J
STREET ADDRESS 1016 WOODSMERE PARKWAY
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE D ☐ Delete
NAME MCRAE JENNIFER R
STREET ADDRESS 543 SUMMERS CREEK DRIVE
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE D ☐ Delete
NAME MCRAE BARCLAY TREV.
STREET ADDRESS 543 SUMMERS CREEK DRIVE
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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.