

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000074

1. Entity Name

UNITY DELIVERANCE CENTER, INC.

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

05-19-2000 90071 033 ****70.00

Principal Place of Business Mailing Address
6890 SW 36 STREET 6890 SW 36 STREET
MIRAMAR FL 33023 MIRAMAR FL 33023-6017

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 65-0861270 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

FRASER-LANE, MELORINE
6890 SW 36 STREET
MIRAMAR FL 33023

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	D	<input type="checkbox"/> Delete
NAME	FRASER-LANE, MELORINE (Pastor)	
STREET ADDRESS	6890 SW 36 STREET	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRASER, MICHAEL	
STREET ADDRESS	6890 SW 36 STREET	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BYFIELD, WAYNE	
STREET ADDRESS	3615 SW 52 AVE #C-105	
CITY-ST-ZIP	HOLLYWOOD FL 33022	
TITLE	D	<input type="checkbox"/> Delete
NAME	BYFIELD, MAXINE	
STREET ADDRESS	3615 SW 52 AVE #C-105	
CITY-ST-ZIP	HOLLYWOOD FL 33022	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NICHOLS, PAULINE	
STREET ADDRESS	5714 SW 38 ST	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LUKE, CLAUDETTE	
STREET ADDRESS	4401 NW 11 STREET	
CITY-ST-ZIP	LAUDERHILL FL 33313	

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	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT FRASER	
STREET ADDRESS	6890 SW 36 ST	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRETARY (S)	
STREET ADDRESS	JACINTA FRASER	
CITY-ST-ZIP	6890 SW 36 ST	
	MIRAMAR FL 33023	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS Pauline	
STREET ADDRESS	5714 SW 38 ST	
CITY-ST-ZIP	HOLLYWOOD F.L.H 33023	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/99)