

2000 UNIFORM BUSINESS REPORT (UBR)

5/4
5/1

DOCUMENT # N99000000171

1. Entity Name:

THE FATHER'S HOUSE OF SPRING HILL, INC.

FILED
Jul 12, 2000 8:00 am
Secretary of State

05-04-2000 90230 032 ***150.00

Principal Place of Business
13712 COUNTY LINE ROAD
HUDSON FL 34657

Mailing Address
13712 COUNTY LINE ROAD
HUDSON FL 34657-8430

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

159-3654644

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

CARTER, DAVID R
5308 SPRING HILL DR
SPRING HILL FL 34608

Name

JAMES MARCI

Street Address (P.O. Box Number is Not Acceptable)

8090 GREENBRIER CT

City

SPRING HILL

FL

34606

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 registering)

4/26/00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GARCIA, ARTHUR
7027 BRICKELL CT.
SPRING HILL FL 34609

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
GARCIA, LINDA
7027 BRICKELL CT.
SPRING HILL FL 34609

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
VULPIS, FRANK
1426 DELTONA BLVD.
SPRING HILL FL 34608

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
LALAS, CECIL
11178 MERCEDEDS ST.
SPRING HILL FL 34609

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer
Peter Tammy
1049 Ashview Ln
Hudson, FL 34667
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
DAVID ANDREWS
6245 Waverly Road
Spring Hill FL 34607
☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

S. GARCIA PRESIDENT

1-25-00 596 4533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)