

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001168

1. Entity Name

JESUS CHRIST IS LORD CHURCH OF RESTORATION, INC.

**FILED**  
**Aug 30, 2000 8:00 am**  
**Secretary of State**

08-30-2000 90006 012 \*\*\*\*61.25

Principal Place of Business

2311 WILLIAMS DR.  
 FT. MYERS FL 33901

Mailing Address

2311 WILLIAMS DR.  
 FT. MYERS FL 33901

2. Principal Place of Business

811 Santa Barbara Blvd.

3. Mailing Address

3448 Canal Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Cape Coral FL

City & State

Ft Myers FL

4. FEI Number

65-0929590

Applied For

Not Applicable

Zip

33991

Country

Lee

Zip

33916

Country

Lee

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

KAUFMANN, BRUCE G  
 11151 66TH ST. N, #401  
 LARGO FL 33773

7. Name and Address of New Registered Agent

Name

Salvador Santana

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

2311 Williams Drive

City

Ft Myers

FL

Zip Code

33901

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

Salvador Santana

8/1/00

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

After September 13, 2000 min. will be \$236.25

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	PD	<input type="checkbox"/> Delete
NAME	SANTANA, SALVADOR	
STREET ADDRESS	2311 WILLIAMS DR.	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SANTANA, KATHERINE	
STREET ADDRESS	2311 WILLIAMS DR.	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ARRIAGA, MIKE	
STREET ADDRESS	2311 WILLIAMS DR.	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

T/D  
 Ana Gomez  
 13974 Meadow Park Lane  
 Ft Myers, FL 33901

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 exemption.

SIGNATURE: *Salvador Santana*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/00

Date

941-332-1350

Daytime Phone #

CF2E037 (5/00)