

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001280

1. Entity Name

SHARON G. SCOTT MINISTRIES, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90072 041 ****61.25

Principal Place of Business

179 HEMINGWAY
BOYNTON BEACH FL 33426

Mailing Address

179 HEMINGWAY
BOYNTON BEACH FL 33426

2. Principal Place of Business

1438 Lauderdale Villa Drive

3. Mailing Address

1438 Lauderdale Villa Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT. Lauderdale, FL

City & State

FT. Lauderdale, FL

4. FEI Number

65-0901372

Applied For

Not Applicable

Zip

33311

Country

USA

Zip

33311

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCOTT, SHARON G
179 HEMINGWAY
BOYNTON BEACH FL 33426

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)

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 PD
NAME SCOTT, SHARON G
STREET ADDRESS 1438 LAUDERDALE VILLA DR.
CITY-ST-ZIP FT. LAUDERDALE FL 33311 "D"

TITLE TD
NAME PATTERSON, BENJAMIN
STREET ADDRESS 1438 LAUDERDALE VILLA DR.
CITY-ST-ZIP FT. LAUDERDALE FL 33311 "D"

TITLE SD
NAME HARRIS, CHARLOTTE
STREET ADDRESS 1438 LAUDERDALE VILLA DR.
CITY-ST-ZIP FT. LAUDERDALE FL 33311 "D"

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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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: *Sharon G. Scott, President - Sharon G. Scott* 4/15/01 954-462-4638

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)