

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001681

1. Entity Name

INTERNATIONAL UNITED PENTECOSATAL FELLOWSHIP, IN

Principal Place of Business

3050 NORTHWEST 12TH STREET
FT. LAUDERDALE FL 33311

Mailing Address

3050 NORTHWEST 12TH STREET
FT. LAUDERDALE FL 33311

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

☒ 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

Name

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

City

FL

Zip Code

CARTWRIGHT, HARCOURT
3050 NORTHWEST 12TH STREET
FT. LAUDERDALE FL 33311

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

Harcourt Cartwright

9/22/2000

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
LEWIS, MOSES
ROUTE 4 BOX 255
SYLVANIA GA 30467 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
JOSEY, LEONARD
505 SUNSET RD.
BOYNTON BEACH FL 33425 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
PINDER, HURBERT
P.O. BOX 5871
NASSAU, BAHAMAS ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
CARTWRIGHT, HARCOURT
3390 NORTHWEST 7TH COURT
FT. LAUDERDALE FL 33311 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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
400003408974-4
09/29/00-01013-005
*****61.25 *****61.25

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 ☐ Change ☐ Addition
179/27

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Harcourt Cartwright Harcourt Cartwright 9/22/2000 954-587-2035

CR2E037 (5/00)