

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002128

1. Entity Name

MARRIAGE MECHANICS MINISTRIES, INC.

R

FILED
Sep 01, 2000 8:00 am
Secretary of State

09-01-2000 90005 019 ****61.25

Principal Place of Business

1023 ROSECLIFF CIRCLE
 LAKE MARY BOULEVARD
 SANFORD FL 32773-7453

Mailing Address

1023 ROSECLIFF CIRCLE
 LAKE MARY BOULEVARD
 SANFORD FL 32773-7453

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

593572173

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

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
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME SANDS, LAMBERT
 STREET ADDRESS 1023 ROSECLIFF CIRCLE, LAKE MARY BOULEVARD
 CITY-ST-ZIP SANFORD FL 32773-7453

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
 NAME SANDS, KIM
 STREET ADDRESS 1023 ROSECLIFF CIRCLE, LAKE MARY BOULEVARD
 CITY-ST-ZIP SANFORD FL 32773-7453

☐ Delete

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TITLE TD
 NAME HANNA, ALLISON
 STREET ADDRESS 1023 ROSECLIFF CIRCLE, LAKE MARY BOULEVARD
 CITY-ST-ZIP SANFORD FL 32773-7453

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 SANDS - PRESIDENT

Date

Daytime Phone #

(407) 330 6197
 8/20/2000

CR2E037 (5/00)