

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002442

1. Entity Name

LION OF JUDAH OUTREACH MINISTRY, INC.

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

09-12-2000 90147 044 ****61.25

Principal Place of Business

Mailing Address

5433 10TH AVE
FORT MYERS FL 33907

5433 10TH AVE
FORT MYERS FL 33907

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DEOLIVEIRA, RAUL A JR
5433 10TH AVE
FORT MYERS FL 33907

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 is 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 DEOLIVEIRA, RAUL A JR
STREET ADDRESS 5433 10TH AVE
CITY-ST-ZIP FORT MYERS FL 33907

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPD
NAME DEOLIVEIRA, RAUL A JR
STREET ADDRESS 5433 10TH AVE
CITY-ST-ZIP FORT MYERS FL 33907

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME COMPOS, ALMA Y
STREET ADDRESS 5433 10TH AVE
CITY-ST-ZIP FORT MYERS FL 33907

☒ Delete

TITLE SD
NAME CAMPOS, ALMA Y.
STREET ADDRESS 5433 10TH AV.
CITY-ST-ZIP FT. MYERS, FL. 33907

☒ Change ☐ Addition

TITLE TD
NAME CAMPOS, BERTA O
STREET ADDRESS 5433 10TH AVE
CITY-ST-ZIP FORT MYERS FL 33907

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

REQUIRED

Date

Daytime Phone #

941-936-5476

CR2E037 (5/00)