

**2000 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90227 003 \*\*\*\*61.25

**DOCUMENT # N99000002506**

1. Entity Name

**JESUS PEOPLE OF TAMPA BAY, INC.**

Principal Place of Business 4410 W. SLIGH AVE. TAMPA FL 33607	Mailing Address 4410 W. SLIGH AVE. TAMPA FL 33614-3642
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2. Principal Place of Business 7326 SUNSHINE CIR.	3. Mailing Address 7326 SUNSHINE CIR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State TAMPA, FL.	City & State TAMPA, FL.	4. FEI Number 59-3575501	Applied For <input type="checkbox"/> Not Applicable
Zip 33634	Country USA	Zip 33634	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PETRI, DEBORAH**  
 7326 SUNSHINE CIR.  
 TAMPA FL 33634

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>KARSTEN PETRI</b> D <input type="checkbox"/> Delete 7326 SUNSHINE CIR. TAMPA, FL. 33634	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>NORVEL SEISS</b> T <input type="checkbox"/> Delete 4612 PAXTON AVE. TAMPA, FL. 33611	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>KLAUS PETRI</b> T <input type="checkbox"/> Delete 6336 NEWTOWN CIR. #B2 TAMPA, FL. 33615	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: KARSTEN PETRI 4-5-00 813-886-7091  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)