

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003438

1. Entity Name

20/200 FELLOWSHIP, INC.

Principal Place of Business

3445 S.E. Cassell Lane
Stuart, FL 34997

Mailing Address

1610 S.E. 7th Street
Stuart, FL 34996

2. Principal Place of Business

4992 S.E. Kingfish Avenue

3. Mailing Address

P.O. Box 1208

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Stuart, FL

City & State
Port Salerno, FL

Zip
34997

Country
USA

Zip
34992

Country
USA

4. FEI Number
65-0924336

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

Brenda-Ann Gillis
3445 S.E. Cassell Lane
Stuart, FL 34997

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D/P ☒ Delete
NAME Tracy M. Davis
STREET ADDRESS 1610 S.E. 7th Street
CITY-ST-ZIP Stuart, FL 34996

TITLE D/P ☒ Change ☐ Addition
NAME Brenda-Ann Gillis
STREET ADDRESS 3445 S.E. Cassell Lane
CITY-ST-ZIP Stuart, FL 34997

TITLE D/T ☒ Delete
NAME Linda J. Machado
STREET ADDRESS 909 N.W. Treasure Road
CITY-ST-ZIP Stuart, FL 34994

TITLE D/VP ☐ Change ☒ Addition
NAME Carl Miller
STREET ADDRESS 4605 Magnolia Drive
CITY-ST-ZIP Fort Pierce, FL 34982

TITLE S ☒ Delete
NAME Scott Carlisle
STREET ADDRESS 3445 S.E. Cassell Lane
CITY-ST-ZIP Stuart, FL 34997

TITLE T ☐ Change ☒ Addition
NAME Kelly Greene
STREET ADDRESS 7424 S.E. Peacock Street
CITY-ST-ZIP Hobe Sound, FL 33455

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D/S ☐ Change ☒ Addition
NAME Zella Brown
STREET ADDRESS 987 Nettles Blvd.
CITY-ST-ZIP Jensen Beach, FL 34957

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *Brenda-Ann Gillis*

Director/President 3/16/00 (561) 221-0485

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90018 042 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)