

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State

06-19-2001 90011 047 ****61.25

DOCUMENT # N99000003438

1. Entity Name

20/200 FELLOWSHIP, INC.

(UP)

Principal Place of Business Mailing Address
 4992 SE KINGFISH AVE PO BOX 1208
 STUART FL 34997 PORT SALERNO FL 34992

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

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
 GILLIS, BRENDA-ANN
 3445 SE CASSELL LANE
 STUART FL 34997

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)

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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, TRACY M	
STREET ADDRESS	1610 SE 7TH STREET	
CITY-ST-ZIP	STUART FL 34996	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	GILLIS, BRENDA-ANN	
STREET ADDRESS	3445 SE CASSELL LANE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	MACHADO, LINDA J	
STREET ADDRESS	909 NW TREASURE ROAD	
CITY-ST-ZIP	STUART FL 34994	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CARLISLE, SCOTT	
STREET ADDRESS	3445 SE CASSELL LANE	
CITY-ST-ZIP	STUART FL 34997	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brenda-Ann Gillis	
STREET ADDRESS	3445 S.E. Cassell Lane	
CITY-ST-ZIP	Stuart, FL 34997	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carl Miller	
STREET ADDRESS	4605 Magnolia Drive	
CITY-ST-ZIP	Ft Pierce, FL 34982	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Gussat	
STREET ADDRESS	1624 SW Crossing Cr	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cheryl Bohs	
STREET ADDRESS	1600 S. Kanar-Hany #108	
CITY-ST-ZIP	Stuart, FL 34994	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED** 6/11/01 561-289-3410

CR2E037 (10/00)