

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003438

1. Entity Name

20/200 FELLOWSHIP, INC.

Principal Place of Business

4992 SE KINGFISH AVE
STUART FL 34997

Mailing Address

PO BOX 1208
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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GILLIS, BRENDA-ANN
3445 SE 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
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 DP
NAME GILLIS, BRENDA-ANN ☐ Delete
STREET ADDRESS 3445 SE CASSELL LANE
CITY-ST-ZIP STUART FL 34997

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

TITLE DV
NAME MILLER, CARL ☐ Delete
STREET ADDRESS 4605 MAGNOLIA DRIVE
CITY-ST-ZIP FORT PIERCE FL 34982

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

TITLE DT
NAME GUEST, ROBERT ☐ Delete
STREET ADDRESS 1021 SW CROSSING GR
CITY-ST-ZIP PALM CITY FL 34990

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3007 SW Sunset Trace Circle
CITY-ST-ZIP

TITLE S
NAME BOHS, CHERYL ☒ Delete
STREET ADDRESS 1600 S KANNER HIGHWAY, #108
CITY-ST-ZIP STUART FL 34994

TITLE S
NAME Kim Mair ☐ Change ☒ Addition
STREET ADDRESS 5215 SW Williams Way
CITY-ST-ZIP Stuart, FL 34997

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: *[Signature]* Robert F. G. [Signature]

FILED
Jul 18, 2002 8:00 am
Secretary of State

07-18-2002 90133 005 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)

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