

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 11, 2000 08:00 AM

Secretary of State

DOCUMENT # N99000004747

1. Entity Name

"JUST YOU" ... A MINISTRY, INC.

Principal Place of Business

Mailing Address

3031 N. OCEAN BLVD.,#408

3031 N. OCEAN BLVD.,#408

FT.LAUDERDALE
33308

FL

FT.LAUDERDALE
33308

FL

2. Principal Place of Business

3031 N. OCEAN BLVD.,

3. Mailing Address

3031 N. OCEAN BLVD

Suite, Apt. #, etc.

408

Suite, Apt. #, etc.

408

City & State

FT.LAUDERDALE

FL

City & State

FT.LAUDERDALE

FL

Zip

33308

Country

Zip

33308

Country

4. FEI Number

65-0937074

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WISHART WILLIAM H
3031 N. OCEAN BLVD.,#408

FT.LAUDERDALE
33308

FL

7. Name and Address of New Registered Agent

Name
WISHART WILLIAM H

Street Address (P.O. Box Number is Not Acceptable)
3031 N. OCEAN BLVD

408

City
FT.LAUDERDALE

FL

Zip Code
33308

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 WILLIAM H. WISHART

09/11/2000

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

TITLE D ☐ Delete
NAME SPENDLOVE NIGEL P
STREET ADDRESS 540 S. FEDERAL HWY
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE D ☐ Delete
NAME LEMIEUX PETER
STREET ADDRESS 614 S.W. 8TH ST. D.,#408
CITY-ST-ZIP FT.LAUDERDALE FL 33315

TITLE PD ☐ Delete
NAME WISHART WILLIAM H
STREET ADDRESS 3031 N. OCEAN BLVD.,#408
CITY-ST-ZIP FT.LAUDERDALE FL 33308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE D ☒ Change ☐ Addition
NAME LEMIEUX PETER
STREET ADDRESS 614 S.W. 8TH ST.
CITY-ST-ZIP FT.LAUDERDALE FL 33315

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

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

TITLE ☐ Change ☐ Addition
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.