

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 07, 2001 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 FT. LAUDERDALE FL 33308	3031 N. OCEAN BLVD 408 FT. LAUDERDALE FL 33308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0937074Applied For
Not Applicable

Zip Country

Zip Country

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

WISHART WILLIAM H
3031 N. OCEAN BLVD
408
FT. LAUDERDALE FL 33308

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 _____ 09/07/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**
FEE IS \$61.259. 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	<input type="checkbox"/> Delete
NAME	SPENDLOVE NIGEL P	
STREET ADDRESS	540 S. FEDERAL HWY	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEMIEUX PETER	
STREET ADDRESS	614 S.W. 8TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WISHART WILLIAM H	
STREET ADDRESS	3031 N. OCEAN BLVD., #408	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	
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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)(f), 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: William H. Wishart PD 09/07/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)