

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004788

1. Entity Name

MT. MORIAH CARE & MINISTRIES, INC.

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90040 023 ****61.25

Principal Place of Business

401 ALTERNATE A1A. #42
 JUPITER FL 33477

Mailing Address

401 ALTERNATE A1A. #42
 JUPITER FL 33477

00103210



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

401 Alternate A1A #42

3. Mailing Address

401 Alternate A1A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#42

#42

City & State

Jupiter FL

City & State

Jupiter FL

4. FEI Number

65-0969464

Applied For

Not Applicable

Zip

33477

Country

PALM BEACH

Zip

33477

Country

PALM BEACH

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ESKUCHEN, MARTHA S
 14041 U.S. HIGHWAY ONE
 JUNO BEACH FL 33408

7. Name and Address of New Registered Agent

Name N A

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

After September 13, 2000 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

TITLE **CEO** President - Director ☐ Delete
 NAME Janice A. Dennis
 STREET ADDRESS 401 Alternate A1A #42
 CITY-ST-ZIP Jupiter, FL 33477

TITLE Vice President Asst. Director ☐ Delete
 NAME Diane Dennis
 STREET ADDRESS 1470 S. Holly Rd.
 CITY-ST-ZIP Fenton, Mich 48430

TITLE Mr. & Mrs Jack McCann Directors ☐ Delete
 NAME
 STREET ADDRESS 12964 Papaya
 CITY-ST-ZIP Hobe Sound, FL 33455

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

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 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/11/00 561-743-0278

CR2E037 (5/00)