

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90030 048 ****61.25

0010688

DOCUMENT # N99000004788

1. Entity Name

MT. MORIAH CARE & MINISTRIES, INC.

Principal Place of Business

Mailing Address

**401 ALTERNATE A1A. #42
JUPITER FL 33477****401 ALTERNATE A1A. #42
JUPITER FL 33477**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

401 Alternate A1A #42

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jupiter FL

City & State

4. FEI Number

65-0969464

Applied For

Not Applicable

Zip

33477

Country

Palm Beach

Zip

Country

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 **ESKUCHEN MARTHA S.**

Street Address (P.O. Box Number is Not Acceptable)

14041 US HWY ONE

City

JUNO BEACH

FL

Zip Code

33477

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

MARTHA ESKUCHEN**8/8/01**

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 12, 2001, 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	PD	<input type="checkbox"/> Delete
NAME	DENNIS, JANICE	
STREET ADDRESS	401 ALTERNATE A1A #42	
CITY-ST-ZIP	JUPITER FL 33477	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	DENNIS, DIANE	
STREET ADDRESS	1470 S HOLLY RD	
CITY-ST-ZIP	FENTON MI 48430	

TITLE	D	<input type="checkbox"/> Delete
NAME	MCCANN, JACK	
STREET ADDRESS	12964 PAPAYA	
CITY-ST-ZIP	HOBE SOUND FL 33455	

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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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**8/8/01 561-743-0278**

CP2E037 (5/01)