

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000005317**

1. Entity Name

ADVANCED THEOLOGICAL SEMINARY, INC.**FILED**
Jun 22, 2001 8:00 am
Secretary of State

06-22-2001 90003 015 ****61.25

Principal Place of Business

**12400 PLANTATION RD
FT MYERS FL 33912**

Mailing Address

**12400 PLANTATION RD
FT MYERS FL 33912**

2. Principal Place of Business

3745 Broadway

3. Mailing Address

3745 BroadwaySuite, Apt. #, etc.
Suite #303Suite, Apt. #, etc.
Suite #303City & State
Ft. Myers, FloridaCity & State
Ft. Myers, Florida

4. FEI Number

65-0887383

Applied For

Not Applicable

33901Country
USAZip
33901Country
USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****WELCH, BILL H MR
1824 S.E. 8TH ST
CAPE CORAL FL 33990****7. Name and Address of New Registered Agent**Name
Sheri L. WarfieldStreet Address (P.O. Box Number is Not Acceptable)
3745 Broadway, Suite #303City
Ft. Myers,FL Zip Code
33901

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 not 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	<input type="checkbox"/> Delete
NAME	WARFIELD, SHERI	
STREET ADDRESS	302 SE 32ND ST	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> Delete
NAME	Jones, Heather G	
STREET ADDRESS	5944 SW 1st. Ave.	
CITY-ST-ZIP	Cape Coral, FL 33914	
TITLE	D	<input type="checkbox"/> Delete
NAME	Guyett, Rachel	
STREET ADDRESS	4 Mill Ave.	
CITY-ST-ZIP	Warrensburg, NY 12845	
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
NAME		
STREET ADDRESS		
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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

Sheri Warfield

5-01-01 94-374-9042

CR2E037 (10/00)