

# 2000 UNIFORM BUSINESS REPORT (UBR)

9

DOCUMENT # N99000005797

1. Entity Name

MISSIONARY BIBLE TABERNACLE, INC.

**FILED**  
**Sep 22, 2000 8:00 am**  
**Secretary of State**

09-07-2000 90061 037 \*\*\*\*61.25

Principal Place of Business Mailing Address  
 4829 NW 5 CT. 9360 NW 40th CT 4829 NW 5 CT.  
 PLANTATION FL 33317 Sunrise, FL 33351 PLANTATION FL 33317 Sunrise, FL 33351



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
 9360 NW 40th CT 9360 NW 40th CT  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Sunrise, FL Sunrise, FL  
 Zip Country Zip Country  
 33351 Broward 33351 Broward

4. FEI Number Applied For  
 65-0950751 Not Applicable

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

HARPER, LOVELL  
 4829 NW 5 CT. 9360 NW 40th CT  
 PLANTATION FL 33317 Sunrise, FL 33351

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	HARPER, LOVELL	
STREET ADDRESS	4829 NW 5 CT. 9360 NW 40th CT	
CITY-ST-ZIP	PLANTATION FL 33317 Sunrise, FL 33351	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARAJH, DAVID	
STREET ADDRESS	4829 NW 5 CT. 9360 NW 40th CT	
CITY-ST-ZIP	PLANTATION FL 33317 Sunrise, FL 33351	
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	"T" Carolyn Hunter	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2964 LAKE IDA RD	
STREET ADDRESS	DELRAY BEACH, FL 33445	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		
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: LOVELL HARPER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-4-00

Date

954-746-2097

Daytime Phone #

CR2E037 (5/00)