

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90002 039 ****61.25

DOCUMENT # N99000005819

1. Entity Name

CELEBRATE JESUS, INC.

Principal Place of Business

1025 SOUTH SEMORAN BLVD.
BUILDING 1, SUITE 224
WINTER PARK FL 32792

Mailing Address

1025 SOUTH SEMORAN BLVD.
BUILDING 1, SUITE 224
WINTER PARK FL 32792

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3606305

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CRAMER, CHARLES W
1420 EDGEWATER DRIVE
ORLANDO FL 32804

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete
NAME **O'REILLY, JIM**
STREET ADDRESS **13747 HOPE SOUND COURT**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **D** ☐ Delete
NAME **O'REILLY, MARTHA**
STREET ADDRESS **13747 HOPE SOUND COURT**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **D** ☐ Delete
NAME **MACLAREN, JOSEPH**
STREET ADDRESS **2362 BANCHORY ROAD**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **D** ☐ Delete
NAME **HILL, TERRI**
STREET ADDRESS **13417 FOXHAVEN DRIVE NORTH**
CITY-ST-ZIP **JACKSONVILLE FL 32224-2003**

TITLE **D** ☐ Delete
NAME **SWANSON, ROGER**
STREET ADDRESS **630 JAMAICA CIRCLE**
CITY-ST-ZIP **LAKELAND FL 33803**

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

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **Maclaren, Joseph**
CITY-ST-ZIP **34711 12580 Nicolette Ct., Cleremont, FL**

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

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

TITLE ☐ Change ☐ 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:

Joseph Maclaren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/30/2000

407-671 3383

Date

Daytime Phone #

CRCE037 (5/00)