

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90071 003 \*\*\*\*61.25

**DOCUMENT # N99000005902**

1. Entity Name

**THE JOBS PARTNERSHP OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

**MT. PLEASANT MSSIONARY BAPTIST CHURCH  
 4077 PRINCE HALL BLVD  
 ORLANDO FL 32811**

**MT. PLEASANT MSSIONARY BAPTIST CHURCH  
 4077 PRINCE HALL BLVD  
 ORLANDO FL 32811-5637**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3612893**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MATHIS, JACINTA M  
 20 N ORANGE AVE  
 SUITE 1400  
 ORLANDO FL 32801**

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**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PRINCE, WALTER R DR</b>	
STREET ADDRESS	<b>4077 PRINCE HALL BLVD</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32811</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RAHILL, PAUL</b>	
STREET ADDRESS	<b>932 VERSAILES CIR</b>	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STANAKIS, MARC</b>	
STREET ADDRESS	<b>2140 DYAN WAY</b>	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	
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		<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		
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:** *SIGNATURE OF PAUL RAHILL*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-15-00** **407-740-6373**  
 Date Daytime Phone #

CR2E037 (9/99)