

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005945

1. Entity Name

GUY GARMAN MINISTRIES TRUST ACCOUNT, INC.

Principal Place of Business

3801 S OCEAN DR. 4Z
HOLLYWOOD FL 33019

Mailing Address

3801 S OCEAN DR. 4Z
HOLLYWOOD FL 33019

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

65-0950780

Applied For

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

GARMAN, GUY
2840 N SR 7
HOLLYWOOD FL 33021

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	GARMAN, GUY	3801 S OCEAN DR 4Z	HOLLYWOOD FL 33019				
D	WADEN, CAROL	11335 SW 12 CT.	FT. LAUDERDALE FL 33325				
D	BROOKS, LORRAINE	3850 S WASHINGTON ST 504	HOLLYWOOD FL 33021				

CR2E037 (10/00)

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

4-28-01

954-455-9104

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90060 042 ****61.25

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DO NOT WRITE IN THIS SPACE