

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006392

1. Entity Name

HOLY ONE ASSEMBLY, INC.

Principal Place of Business

2415 OLD ST. AUGUSTINE RD., #1214  
TALLAHASSEE FL 32301

Mailing Address

2415 OLD ST. AUGUSTINE RD., #1214  
TALLAHASSEE FL 32301

2. Principal Place of Business

501 EAST TENNESSEE STREET

Suite, Apt. #, etc.

E

City & State

TALLAHASSEE, FL

Zip

32308

Country

USA

3. Mailing Address

~~501 EAST TENNESSEE STREET~~ 2415 OLD ST. AUGUSTINE RD

Suite, Apt. #, etc.

1214

City & State

TALLAHASSEE, FL

Zip

32301

Country

USA

APPROVED  
AND  
FILED

00 SEP -1 AM 11:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

57-3599708

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COLEY, DEMETRIUS A  
2415 OLD ST. AUGUSTINE RD., #1214  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

COLEY, DEMETRIUS A.

Street Address (P.O. Box Number is Not Acceptable)

2415 OLD ST. AUGUSTINE RD

#1214

City

TALLAHASSEE

FL

Zip Code

32301

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 DEMETRIUS A. COLEY, PRESIDENT & CEO AUGUST 31, 2000

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 PRESIDENT & CEO, D ☐ Delete  
NAME DEMETRIUS A. COLEY  
STREET ADDRESS 2415 OLD ST. AUGUSTINE RD #1214  
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE SECRETARY, D ☐ Delete  
NAME GEORGIA MAE COLEY  
STREET ADDRESS 2000 N. MERIDIAN ROAD #290  
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE TREASURER, D ☐ Delete  
NAME HAROLD S. ROSS  
STREET ADDRESS 183 COTILLION CIRCLE  
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE BOARD MEMBER, D ☐ Delete  
NAME SHIRLEY ROSS  
STREET ADDRESS 183 COTILLION CIRCLE  
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE BOARD MEMBER, D ☐ Delete  
NAME ELICIA A. COLEY  
STREET ADDRESS 2415 OLD ST. AUGUSTINE RD #1214  
CITY-ST-ZIP TALLAHASSEE, FL 32301

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 600003391756--2  
CITY-ST-ZIP -09/13/00--01065--025  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

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: SIGNATURE REQUIRED DEMETRIUS A. COLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/00

Date

(850) 309-1929

Daytime Phone #

CR2E037 (5/00)