

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90025 027 \*\*\*\*61.25

**DOCUMENT # N99000006431**

1. Entity Name

**THE LORD IS HERE, INC.**

Principal Place of Business

**3600 S.W. 20TH AVENUE. #5  
 GAINESVILLE FL 32607-4439**

Mailing Address

**P.O. BOX 12791  
 GAINESVILLE FL 32604-0791**

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

**59-3606138**

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

7. Name and Address of New Registered Agent

**ETHERIDGE, ALBERT JR  
 3600 S.W. 20TH AVENUE, #5  
 GAINESVILLE FL 32607-4439**

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

*4-30-2001*

**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:  Delete  
 NAME: **ETHERIDGE, ALBERT**  
 STREET ADDRESS: **3600 SW 20TH AVE.**  
 CITY-ST-ZIP: **GAINESVILLE FL 32607**

TITLE:  Change  Addition  
 NAME: *DIRECTOR*  
 NAME: **NORMA KAHN**  
 STREET ADDRESS: **403 NW 21ST DR.**  
 CITY-ST-ZIP: **GAINESVILLE, FL 32605**

TITLE:  Delete  
 NAME: **WALLACE, BRIAN**  
 STREET ADDRESS: **2851 SE HWY 41**  
 CITY-ST-ZIP: **MORRISTON FL**

TITLE:  Change  Addition  
 NAME: ~~NORMA KAHN~~

TITLE:  Delete  
 NAME: **RODRIGUEZ, KENNETH**  
 STREET ADDRESS: **205 SE 16TH BLVD #88**  
 CITY-ST-ZIP: **GAINESVILLE FL 32653**

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-30-01*

Date

*352-318-2887*

Daytime Phone #

CR2E037 (10/00)