

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006516

1. Entity Name

BRIAN TILL MINISTRIES, INC.

Principal Place of Business

6076 - 27TH AVE.N.
ST. PETERSBURG FL 33710

Mailing Address

6076 - 27TH AVE.N.
ST. PETERSBURG FL 33710-3304

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. Box 40761

St. Petersburg, FL

33743

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90055 031 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-361-2874

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIPPEN, JOSEPH F JR.
10225 ULMERTON RD., #11
LARGO FL 33771

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

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	PD	<input type="checkbox"/> Delete
NAME	TILL, BRIAN T	
STREET ADDRESS	6076 - 27TH AVE.N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TILL, REBECCA L	
STREET ADDRESS	6076 - 27TH AVE.N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	TILL, DAN	
STREET ADDRESS	6076 - 27TH AVE.N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Till, Dan	
STREET ADDRESS	613 Global Circle	
CITY-ST-ZIP	Chesapeake, VA 23322	
TITLE	SD; TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Till, Rebecca	
STREET ADDRESS	6076 27th Avenue North	
CITY-ST-ZIP	St. Petersburg, FL 33710	
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:

Brian T. Till REQUIRE Brian T. Till

Date

Daytime Phone #

4-5-00 727-345-4765

CR2E037 (9/99)