

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000011564**

1. Entity Name
NEW VINE MINISTRIES, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90046 032 ***150.00

Principal Place of Business
2709 SWAMP CABBAGE COURT
103
FORT MYERS FL 33901
US

Mailing Address
P.O. BOX 7122
FORT MYERS FL 33911
US

00010713



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2709 Swamp Cabbage Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 103

City & State

Fort Myers, Florida

4. FEI Number **65-0810965**

Applied For
Not Applicable

Zip

Country

33901

Country

USA

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

ZAMBIAS, ELIZABETH
1501 LILY POND COURT
FORT MYERS FL 33901

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VSTD** ☐ Delete
NAME **ZAMBIAS, ELIZABETH**
STREET ADDRESS **1501 LILY POND COURT**
CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **JONES, PAUL**
STREET ADDRESS **1649 NORTH DRIVE**
CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director** ☐ Delete
NAME **IRYNE, CINDY**
STREET ADDRESS **428 SE 12th Court**
CITY-ST-ZIP **Cape Coral, Florida 33990**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Elizabeth S. Zambias**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-16-01

941 931 0983

CR2E034 (10/00)