

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 09, 2000 8:00 am  
Secretary of State

05-09-2000 90135 030 \*\*\*150.00

DOCUMENT # P98000096804

1. Entity Name

THE MUSTARD SEED OF ORMOND BEACH, INC.

Principal Place of Business

Mailing Address

\* KNOPP  
SANDY OAKS BLVD.  
BEACH FL 32174

MANUELA KNOPP  
505 SANDY OAKS BLVD.  
ORMOND BEACH FL 32174-6129

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1310 Ocean Shore Blvd  
Ormond Beach

1310 Ocean Shore Blvd  
Ormond Beach, FL

Zip 32176

Country Volusia

Zip 32176

Country Volusia

4. FEI Number

59-3550960

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PRYOR, MARION  
140 S ATLANTIC AVE  
SUITE 205  
ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent

Name Manuela P. Knopp

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

1310 Ocean Shore Blvd

City Ormond Beach

FL

Zip Code 32176

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 Manuela P. Knopp Manuela P. Knopp President 4/26/00

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, 2000 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

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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President, Secretary, Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Manuela P. Knopp
STREET ADDRESS	505 Sandy Oaks Blvd
CITY-ST-ZIP	Ormond Beach, FL 32176
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Manuela P. Knopp Manuela P. Knopp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-441-4668

CR2E034 (9/99)