

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90046 013 \*\*\*158.75

**DOCUMENT # S23064**

**1. Entity Name**  
**RHEMA HERITAGE OF PENSACOLA INC.**

**Principal Place of Business**

**923 77TH AVENUE**  
**PENSACOLA FL 32506**

**Mailing Address**

**923 77TH AVENUE**  
**PENSACOLA FL 32506**

**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** **59-3046703**

Applied For  
 Not Applicable

**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**

**CANDARI, GUADIOSO**  
**923-77TH AVENUE**  
**PENSACOLA FL 32506**

Name **Santiago, Georgiena**

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

**10860 Berryhill Road**

City **Pensacola**

**FL**

Zip Code **32506**

**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 *Georgiena Santiago*

(NOTE: Registered Agent signature required when reinstating)

*Feb 4, 2002*

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PD** ☐ Delete  
 NAME **CANDARI, GAUDIOSO**  
 STREET ADDRESS **5803 KENDALL AVE.**  
 CITY-ST-ZIP **PENSACOLA FL**

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

TITLE **VD** ☐ Delete  
 NAME **SANTIAGO, MAURILO**  
 STREET ADDRESS **10860 BERRY HILL RD.**  
 CITY-ST-ZIP **PENSACOLA FL**

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

TITLE **SD** ☐ Delete  
 NAME **SANTIAGO, GEORGIENA**  
 STREET ADDRESS **10860 BERRY HILL RD**  
 CITY-ST-ZIP **PENSACOLA FL**

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

TITLE **TD** ☐ Delete  
 NAME **CANDARI, SOLEDAD**  
 STREET ADDRESS **5803 KENDALL AVE.**  
 CITY-ST-ZIP **PENSACOLA FL**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Georgiena Santiago* **Georgiena Santiago** *Feb 4, 2002* (850) 455-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)