

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 02, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # 722241**

1. Entity Name  
 EVANGELISTIC HORIZONS UNLIMITED, INCORPORATED

Principal Place of Business 7369 SUNNYSIDE DRIVE  LEESBURG FL 34748	Mailing Address 7369 SUNNYSIDE DRIVE  LEESBURG FL 34748
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State	3. Mailing Address  Suite, Apt. #, etc.  City & State
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4. FEI Number  
**23-7150336**

Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RICHMOND DONALD  
 8334 139TH LANE N.  
  
 SEMINOLE FL 34646  
 US

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 \_\_\_\_\_ DATE **02/02/2001**

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	SKELTON WILLIAM
STREET ADDRESS	606 LABORDI DR
CITY-ST-ZIP	FRUITLAND PARK FL 34731
TITLE	SD <input type="checkbox"/> Delete
NAME	EVANS LANNY
STREET ADDRESS	5424 MONROE ST
CITY-ST-ZIP	HOLLYWOOD FL 33021
TITLE	VD <input type="checkbox"/> Delete
NAME	MCGREGOR WENDELL
STREET ADDRESS	9132 LAKEVIEW DR
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	CD <input type="checkbox"/> Delete
NAME	CARTER WAYNE
STREET ADDRESS	5131 LONGFELLOW AVE
CITY-ST-ZIP	TAMPA FL
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADFORD WILLIAM R
STREET ADDRESS	40 NE 186 TERRACE
CITY-ST-ZIP	MIAMI FL 33179
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)(f), 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:** William Skelton PD 02/02/2001

CR2E037 (11/00)