

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 20, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # 819880**

1. Entity Name  
**SUDAN INTERIOR MISSION INC.**

Principal Place of Business 14830 CHOATE CIR  CHARLOTTE NC 28241	Mailing Address P.O. BOX 7900  CHARLOTTE NC 28241
---	--

2. Principal Place of Business  Suite, Apt. #, etc.  City & State	3. Mailing Address  Suite, Apt. #, etc.  City & State
---	---

DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number <b>22-1936391</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

**6. Name and Address of Current Registered Agent**

**WINSOR GARTH**  
**4114 NIGERIA RD.**  
  
**SEBRING FL**  
**33872 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 **06/20/2001**

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 NAME STREET ADDRESS CITY-ST-ZIP	P <b>FEHL LARRY</b> <b>2739 CREEKBED LANE</b> <b>CHARLOTTE NC</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ALLABY S</b> <b>3685 BLACK ROCK TURNPIKE</b> <b>FAIRFIELD CT</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>FRAZEE RON F</b> <b>132 VISTA GRANDE CIRCLE</b> <b>CHARLOTTE NC</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>SALLOUM GEORGE</b> <b>1332 SEAMIST DRIVE</b> <b>MATTHEWS NC 28105</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>FRANCIS ROBERT B</b> <b>820 HARBOUR PT.</b> <b>ALPHARETTA GA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>FULLER KEN</b> <b>403 MT. VERNON DR.</b> <b>VENICE FL</b>	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

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:** George Salloom T **06/20/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)