

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004116

1. Entity Name

JOHN ISLEIB MINISTRIES, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90023 020 \*\*\*\*61.25

Principal Place of Business

12931 WINTHROP COVE DR  
JACKSONVILLE FL 32224

Mailing Address

P.O. BOX 16768  
JACKSONVILLE FL 32245-6768

2. Principal Place of Business

12931 Winthrop Cove Dr.

3. Mailing Address

P.O. Box 16768

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Jacksonville, FL

City & State  
Jacksonville, FL

4. FEI Number

41-1875384

Applied For

Not Applicable

Zip  
32224

Country  
Dural

Zip  
32245

Country  
Dural

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

ISLEIB, JOHN  
12931 WINTHROP COVE DR.  
JACKSONVILLE FL 32224

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME P  
STREET ADDRESS ISLEIB, JOHN  
CITY-ST-ZIP 12931 WINTHROP COVE DR  
JACKSONVILLE FL 32224

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

TITLE ☐ Delete  
NAME VS  
STREET ADDRESS ISLEIB, DAVIA  
CITY-ST-ZIP 12931 WINTHROP COVE DR  
JACKSONVILLE FL 32224

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

TITLE ☐ Delete  
NAME T  
STREET ADDRESS BLACK, SAM  
CITY-ST-ZIP 56 MELODY LANE  
MAGGIE VALLEY NC 28751

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS LOGAN, BILL  
CITY-ST-ZIP 143 DELPHIA DR  
BREVARD NC 28712

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ECKHARDT, JOHN  
CITY-ST-ZIP 1740 PRINCETON RD  
FLOSSMOOR IL 60422

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

12. 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 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:

*DAVIA ISLEIB* REQU DAVIA Isleib, VS

1/28/2000

(904) 223-3171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)