

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11771

1. Entity Name

MASTER'S RELIEF FOUNDATION, INC.

Principal Place of Business

2816 ORANOLE WAY
APOPKA FL 32703
US

Mailing Address

2816 ORANOLE WAY
APOPKA FL 32703-7810
US

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

59-2626783

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

DRACHENBERG, ROBERT R.
2816 ORANOLE WAY
APOPKA FL 32703

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 NAME STREET ADDRESS CITY-ST-ZIP	VTD DRACHENBERG, RONALD E. 5180 PALM BEACH BLVD. FT. MEYERS FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DRACHENBERG, RACHEL 2816 ORANOLE WAY APOPKA FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD DRACHENBERG, ROBERT R. 2816 ORANOLE WAY APOPKA FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HODDER, RICHARD G. 2703 MENDELIN ROAD APOPKA FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODDER, EVELYN R 2703 MENDELIN ROAD APOPKA FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRACHENBERG, SUSAN 5180 PALM BEACH BLVD. FT. MYERS FL ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDRADE, BONAVENTURE 44 THICKET ROAD ETOBICOKE, ONTARIO, CANADA ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

Jan. 5, 2000 (407) 298-6804

Date

Daytime Phone #

CR2E037 (9/99)