

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

03-21-2000 90105 005 \*\*\*\*70.00

**DOCUMENT # N13162**

1. Entity Name

**SIGI AND DAVID OBLANDER MINISTRIES INC.**

Principal Place of Business

Mailing Address

% DAVID OBLANDER  
 7806 DUCK POND CT  
 HUDSON FL 34667

P O BOX 7268  
 HUDSON FL 34674-7268  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2659576**

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

OBLANDER, DAVID  
 7806 DUCK POND CT  
 HUDSON FL 34667

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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	OBLANDER, SIEGRID	7806 DUCK POND CT	HUDSON FL	<input type="checkbox"/>	Director	ANATE SMITH	53 LONGSHIPS	Plettenberg BAY 6600	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD	OBLANDER, DAVID	7806 DUCK POND CT	HUDSON FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DT	RAGER, BETH	1533 LEWIS	WORDEN MT 59088	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	VORSTER, IVAN	333 OLD MILL RD	SANTA BARBARA CA 93110	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	ROZKOWSKI, LORA	7605 SYLVAN DR	HUDSON FL 34667	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	MCKINNEY, LOUISE	6329 KATHLEEN DR.	HUDSON FL 34667	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

*DAVID OBLANDER* (DAVID OBLANDER)

3-17-2000

727-862-8579

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE