

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**  
 04-09-2001 90006 046 \*\*\*\*61.25

0088287

**DOCUMENT # N97000003831**

1. Entity Name

**NEVUS OUTREACH, INC.**

Principal Place of Business

4545 BOWFIN DR  
 TALLAHASSEE FL 32303  
 US

Mailing Address

1616 ALPHA ST  
 LANSING MI 48910  
 US

2. Principal Place of Business

**9320 126th AVE N.**

Suite, Apt. #, etc.

3. Mailing Address

**1601 MADISON BLVD**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**LARGO FL 33773**

City & State

**BARTLESVILLE, OK**

4. FEI Number

**59-3455128**

Applied For

Not Applicable

Zip

**33773**

Country

**FLORIDA**

Zip

**74006**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, KEVIN  
 8840 140TH AVE N  
 WEST PALM BEACH FL 33412**

7. Name and Address of New Registered Agent

Name

**GLENN WILLIAMS**

Street Address (P.O. Box Number is Not Acceptable)

**9320 126th AVE NORTH**

City

**LARGO**

**FL**

Zip Code

**33773**

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

*Glenn Williams*

**GLENN WILLIAMS**

**4/5/01**

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	P	WILLIAMS, KEVIN M	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		4545 BOWFIN DR	
CITY-ST-ZIP		TALLAHASSEE FL 32303	
TITLE	D	POWERS, KELLY J	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		1616 ALPHA ST	
CITY-ST-ZIP		LANSING MI 48910	
TITLE	D	ZIMMER, KAREN	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		873 MELINDA COURT	
CITY-ST-ZIP		SANTA MARIA CA 93455	
TITLE	<del>ST</del>	BECKWITH, MARK	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		13000 E 51TH ST	
CITY-ST-ZIP		TULSA OK 74134	
TITLE	D	COBLER, SUE	<input type="checkbox"/> Delete (ADD)
NAME			
STREET ADDRESS		232 S. Chestnut St.	
CITY-ST-ZIP		FREMONT, IA 52501	
TITLE	D	ROGERS, DEAN	<input type="checkbox"/> Delete (ADD)
NAME			
STREET ADDRESS		2179 Misty's Run	
CITY-ST-ZIP		KEULER, TX 76248	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	WILLIAMS, KEVIN M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		1047 GREGORY WAY DRIVE	
CITY-ST-ZIP		KERNERSVILLE, NC 27284	
TITLE	D	POWERS, KELLY J COHEN, JULENE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		2334 ROYCE ST.	
CITY-ST-ZIP		BROOKLYN, NY 11234	
TITLE	D	BARKER, JULIE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		2467 W 2000 N	
CITY-ST-ZIP		FARR WEST, UT 84404	
TITLE	<del>ST</del>	BECKWITH, MARK	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		1601 MADISON BLVD	
CITY-ST-ZIP		BARTLESVILLE, OK 74006	
TITLE	D	WACHTER, LAURA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		9608 Edgewood Rd. S.	
CITY-ST-ZIP		BLOOMINGTON, MN 55438	
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)(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:

*Glenn Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)