

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

0063311

**DOCUMENT # 722445**

1. Entity Name

**OVER THE ROAD EVANGELISM, INC.**

04-16-2001 90044 001 \*\*\*\*61.25

Principal Place of Business

1500 W VIRGINIA LN  
 CLEARWATER FL 34619  
 US

Mailing Address

1500 W VIRGINIA LN  
 CLEARWATER FL 33759  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

33759

4. FEI Number

23-7226989

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ROBINSON, DANIEL T.**  
 1500 W VIRGINIA LN  
 CLEARWATER FL 33759

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

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: PD  
 NAME: ROBINSON, DANIEL T  Delete  
 STREET ADDRESS: 1500 W. VIRGINIA LN.  
 CITY-ST-ZIP: CLEARWATER FL 34619

TITLE: D  
 NAME: ROBINSON, SHIRLEY  Delete  
 STREET ADDRESS: 922 CENTER RD  
 CITY-ST-ZIP: CONNEAUT OH 44030

TITLE: V  Delete  
 NAME: HOGLE, ROGER P  
 STREET ADDRESS: 924 CENTER ROAD  
 CITY-ST-ZIP: CONNEAUT OH 44030

TITLE: D  Delete  
 NAME: DISMORE, WILLIS G  
 STREET ADDRESS: 2593 COUNTRYSIDE BLVD.  
 CITY-ST-ZIP: CLEARWATER, FL 00000

TITLE: D  Delete  
 NAME: ELY, PAUL  
 STREET ADDRESS: 1500 W VIRGINIA LANE  
 CITY-ST-ZIP: CLEARWATER FL 33759

TITLE: TS  Delete  
 NAME: ELY, DOROTHY  
 STREET ADDRESS: 1500 W VIRGINIA LANE  
 CITY-ST-ZIP: CLEARWATER FL 33759

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE:  Change  Addition  
 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:

*SIGNATURE REQUIRED*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-04-01

Date

Daytime Phone #

CR2E037 (10/00)