

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90065 034 ****61.25

DOCUMENT # 734980

1. Entity Name

RICK CAMPANA MINISTRIES, INC.

Principal Place of Business

Mailing Address

~~3021 SANDPIPER BAY~~
~~E-301~~
~~NAPLES FL 34112~~
~~US~~

~~3021 SANDPIPER BAY~~
~~E-301~~
~~NAPLES FL 34112~~
~~US~~

723017



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

141 MUIRFIELD CIR
 Suite, Apt. #, etc.

3. Mailing Address

141 MUIRFIELD CIR
 Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

59-1689006

Applied For

Not Applicable

Zip

34113

Country

COLLIER

Zip

34113

Country

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CAMPANA, RICK D.MIN.
~~3021 SANDPIPER BAY~~
~~E-301~~
~~NAPLES FL 34112~~

7. Name and Address of New Registered Agent

Name **CAMPANA, RICK D.MIN.**
 Street Address (P.O. Box Number is Not Acceptable) **141 MUIRFIELD CIR**
 City **NAPLES** FL **34113**

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]*
 Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-14-01

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 NAME STREET ADDRESS CITY-ST-ZIP	PCD CAMPANA, RICK D.MIN. 3021 SANDPIPER BAY CIR. NAPLES FL 34112	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CAMPANA, NANCY 3021 SANDPIPER BAY CIR. NAPLES FL 34112	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BLYTHE, RICK REV. 1021 N. NEW YORK AVE. WINTER PARK FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINBERG, DALE 1313 PELICAN AVE NAPLES FL 34102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD CAMPANA, RICK D.MIN. 141 MUIRFIELD CIR. NAPLES FL 34113	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CAMPANA, NANCY 141 MUIRFIELD CIR NAPLES FL 34113	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DODD HERNDON, DUDLEY 825 KETCH DR. APT 301 NAPLES FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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] **RICK CAMPANA**

2-14-01

Date

**941
 775-7180**

Daytime Phone #

CR2E037 (10/00)