

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739430

1. Entity Name

HIGH POINTE MINISTRIES, INC.

Principal Place of Business

5349 CAPITAL CIRCLE NW  
P O BOX 3266  
TALLAHASSEE FL 32315

Mailing Address

5349 CAPITAL CIRCLE NW  
P O BOX 3266  
TALLAHASSEE FL 32315

2. Principal Place of Business

8225 HARTSFIELD RD

3. Mailing Address

RD BOX 3266

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

Zip

32307

Country

USA

Zip

32315

Country

USA

4. FEI Number

59-1758289

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75. Additional Fee Required

6. Name and Address of Current Registered Agent

FLOYD, MICHAEL E.  
5349 CAPITAL CIRCLE NW  
TALLAHASSEE FL 32303

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

MICHAEL E. FLOYD

04/26/01

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          | D                      | <input type="checkbox"/> Delete |
| NAME           | FLOYD, MICHAEL E.      |                                 |
| STREET ADDRESS | 5349 CAPITAL CIRCLE NW |                                 |
| CITY-ST-ZIP    | TALLAHASSEE FL         |                                 |
| TITLE          | SD                     | <input type="checkbox"/> Delete |
| NAME           | FLOYD, DONNA KAY       |                                 |
| STREET ADDRESS | 5349 CAPITAL CIRCLE NW |                                 |
| CITY-ST-ZIP    | TALLAHASSEE FL         |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | JANDHL, ALLAN          |                                 |
| STREET ADDRESS | 5349 CAPITAL CIRCLE NW |                                 |
| CITY-ST-ZIP    | TALLAHASSEE FL         |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| 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:

MICHAEL E. FLOYD

04/26/01 850-562-4564



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)