

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741359

1. Entity Name

MISSIONS UNLIMITED, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90004 009 ****61.25

Principal Place of Business

906 W. CANDLEWOOD
 BOX 8203 TAMPA, FL 33604
 TAMPA FL 33603

Mailing Address

BOX 8203
 TAMPA FL 33674-8203
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1818279

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

MOORE, WAYLON B., LLD
 906 W CANDLEWOOD
 TAMPA FL 33603

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
After September 13, 2000 min. will be \$236.25

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: VD
 NAME: CHADWELL, LARRY
 STREET ADDRESS: ~~10000 BAYSHORE BLVD~~
 CITY-ST-ZIP: ~~33606~~

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: 845 Bayshore Blvd.
 CITY-ST-ZIP: Tampa, FL 33606-2733

TITLE: PD
 NAME: MOORE, DR. WAYLON B
 STREET ADDRESS: 906 W CANDLEWOOD
 CITY-ST-ZIP: TAMPA, FL

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ~~10000 BAYSHORE BLVD~~
 CITY-ST-ZIP: ~~33606~~

TITLE: D
 NAME: MOORE, REV. W BRUCE
 STREET ADDRESS: 37511 CHURCH AVE
 CITY-ST-ZIP: DADE CITY FL 33525

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ~~10000 BAYSHORE BLVD~~
 CITY-ST-ZIP: ~~33606~~

TITLE: SD
 NAME: SNAPP, GREGORY
 STREET ADDRESS: ~~10000 BAYSHORE BLVD~~
 CITY-ST-ZIP: ~~33606~~

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: 14217 Manderleigh Woods Drive
 CITY-ST-ZIP: Town & Country, MO 63017

TITLE: D
 NAME: GOVIN, RONALD A
 STREET ADDRESS: 7621 BLUFFS BLVD.
 CITY-ST-ZIP: TEMPLE TERRACE FL 33617

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ~~10000 BAYSHORE BLVD~~
 CITY-ST-ZIP: ~~33606~~

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-7-2000 (813) 238-2303

Date

Daytime Phone #

CR2E037 (5/00)