

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765102

1. Entity Name

MIKE MILLIAR MINISTRIES, INC. (INTERNATIONAL)

Principal Place of Business

6660-46TH AVE.,N.  
ST.PETERSBURG FL 33709

Mailing Address

6660-46TH AVE.,N.  
ST.PETERSBURG FL 33709-4702

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

59-2244905

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

WALTERS, MELANIE S.  
6020 82ND AVE NO  
PINELLAS PK FL 34665

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

*Clyde J. Walters* CLYDE J. WALTERS 4/5/00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME MILLIAR, MIKE K  
STREET ADDRESS 6660-46TH AVE.,N.  
CITY-ST-ZIP ST.PETERSBURG FL

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

TITLE VD ☐ Delete  
NAME WALTERS, CLYDE J.,SR.  
STREET ADDRESS 6020 82ND AVE NO  
CITY-ST-ZIP PINELLAS PK FL

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

TITLE ST ☐ Delete  
NAME WALTERS, MELANIE S.  
STREET ADDRESS 6020 82ND AVE NO  
CITY-ST-ZIP PINELLAS PK FL

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

TITLE D ☐ Delete  
NAME WETZEL, WAYNE  
STREET ADDRESS 1745 CASEY JONES COURT  
CITY-ST-ZIP CLEARWATER FL

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

TITLE D ☐ Delete  
NAME ARRINGTON, JACK  
STREET ADDRESS 4750 37TH ST. N.  
CITY-ST-ZIP ST.PETERSBURG FL

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

TITLE C ☐ Delete  
NAME SEALUND, PHIL  
STREET ADDRESS 13920 EGRET LANE  
CITY-ST-ZIP CLEARWATER FL

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:

*Clyde J. Walters* CLYDE J. WALTERS 4/5/00 727-544-3114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)