

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 838019

1. Entity Name

THE CENTRAL AMERICAN MISSION, INC.

Principal Place of Business

Mailing Address

8625 LA PRADA DR
DALLAS TX 75228-2098

8625 LA PRADA DR
DALLAS TX 75228-5034

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

75-0800624

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

DONOFF, CRAIG
401 CITY NATIONAL BANK BLDG.
25 WEST FLAGLER ST.
MMIAMI FL 33130

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input type="checkbox"/> Delete
NAME	ASHCRAFT, NEIL	
STREET ADDRESS	7006 WINCHESTER	
CITY-ST-ZIP	DALLAS TX	
TITLE	D	<input type="checkbox"/> Delete
NAME	FEATHERSON, JAMES B	
STREET ADDRESS	102 MONTICELLO	
CITY-ST-ZIP	BULLARD TX	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOWLER, RICHARD D	
STREET ADDRESS	9933 CO RD 91	
CITY-ST-ZIP	CELINA TX	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LINCOLN, FRANK J.	
STREET ADDRESS	207 HEMLOCK DRIVE	
CITY-ST-ZIP	RICHARDSON TX	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HANSARD, ROBERT	
STREET ADDRESS	3936 FLOYD DRIVE	
CITY-ST-ZIP	FORT WORTH TX	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BLUE, J. R DR.	
STREET ADDRESS	3504 HALIFAX DRIVE	
CITY-ST-ZIP	ARLINGTON TX	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 02, 2000 8:00 am
Secretary of State

06-02-2000 90003 036 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)