

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 858297 ✓

**FILED**  
**Feb 21, 2001 8:00 am**  
**Secretary of State**

02-21-2001 90198 027 \*\*\*\*61.25

|   |                                 |   |   |
|---|---------------------------------|---|---|
| <b>1. Entity Name</b><br>Bill Basansky Ministries, Inc. in affiliation with Life International Church, Inc.   |                                 |   |   |
| <b>Principal Place of Business</b><br>11735 Plantation Rd.<br>Fort Myers, FL 33912  |                                 | <b>Mailing Address</b><br>P.O. Box 07459<br>Fort Myers, FL 33919  |   |
| <b>2. Principal Place of Business</b><br>Suite, Apt. #, etc.  |                                 | <b>3. Mailing Address</b><br>Suite, Apt. #, etc.  |   |
| <b>City &amp; State</b>   |                                 | <b>City &amp; State</b>   |   |
| <b>Zip</b>  | <b>Country</b>                  | <b>Zip</b>  | <b>Country</b>  |
| <b>4. FEI Number</b><br>23-7330071  |                                 | <b>Applied For</b><br><input type="checkbox"/> Not Applicable   |   |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |                                 | <b>\$8.75 Additional Fee Required</b>   |   |
| <b>6. Name and Address of Current Registered Agent</b><br>Beatrice A. Basansky<br>11735 Plantation Rd.<br>Fort Myers, FL 33912  |                                 | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL Zip Code</span> |   |
| <b>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.</b><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           SIGNATURE <i>Beatrice A. Basansky</i><br/> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 45%;"> <i>Beatrice A. Basansky Sec. Treas.</i><br/> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 10%;"> <i>Feb 15 2001</i><br/> <small>DATE</small> </div> </div> |                                 |   |   |
| <b>FILE NOW:</b><br><b>FEE IS \$61.25</b>   |                                 | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |   |
| <b>Make Check Payable to:</b><br><b>Department of State</b>   |                                 |   |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |
| TITLE PD<br>NAME William Basansky<br>STREET ADDRESS 11735 Plantation Rd.<br>CITY-ST-ZIP Fort Myers, FL 33912  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE STD<br>NAME Beatrice A. Basansky<br>STREET ADDRESS 11735 Plantation Road<br>CITY-ST-ZIP Fort Myers, FL 33912  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VD<br>NAME Eric William Basansky<br>STREET ADDRESS 6839 Carmelle Drive<br>CITY-ST-ZIP Fort Myers, FL 33919  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VD<br>NAME Jerry T. Basansky<br>STREET ADDRESS 2901 Kipling Ave., Ste. #604<br>CITY-ST-ZIP Etobikoke, Ontario Canada M9V 5E5  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>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.</b>          |                                 |   |   |
| <b>SIGNATURE:</b> <i>Beatrice A. Basansky</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                                 | <i>2-15-2001 941-931-5940</i><br><small>Date Daytime Phone #</small>  |   |

CR2E037 (11/00)