

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90014 009 \*\*\*\*61.25

**DOCUMENT # 858298**

1. Entity Name  
**LIFE INTERNATIONAL CHURCH, INC.**

Principal Place of Business 11735 PLANTATION ROAD FORT MYERS FL 33912	Mailing Address PO BOX 07459 FORT MYERS FL 33919
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>73-1162294</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>BEATRICE A BASANSKY</b> <b>11735 PLANTATION ROAD</b> <b>FT MYERS FL 33912</b>				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City		<b>FL</b>		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	<b>P</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BASANSKY, WILLIAM</b>			NAME			
STREET ADDRESS	<b>11735 PLANTATION RD.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>FORT MYERS FL 33912</b>			CITY-ST-ZIP			
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BASANSKY, JERRY T</b>			NAME			
STREET ADDRESS	<b>2901 KIPLING AVENUE, STE. 604</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>ETOBICOKE, ONTARIO CANADA M9V -E5E</b>			CITY-ST-ZIP			
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BASANSKY, WM. ERIC</b>			NAME			
STREET ADDRESS	<b>6839 CARMELLE DRIVE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>FORT MYERS FL 33919-6915</b>			CITY-ST-ZIP			
TITLE	<b>STD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BASANSKY, BEATRICE A</b>			NAME			
STREET ADDRESS	<b>11735 PLANTATION ROAD</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>FORT MYERS FL 33912</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *Beatrice A. Basansky* **Beatrice A. Basansky** *Feb 1, 2002* **941-931-5940**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)