

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90259 017 ****70.00

DOCUMENT # F00000004185

1. Entity Name

CAMPSITE EVANGELISM, INC.

Principal Place of Business

**PO BOX 5587
HUDSON FL 34674**

Mailing Address

**PO BOX 5587
HUDSON FL 34674****LUU13034**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14238 MAYER AVE.

3. Mailing Address

Suite, Apt. #, etc.

City & State

HUDSON, FL

City & State

4. FEI Number

23-7378219

Applied For

Not Applicable

Zip

34669

Country

USA

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SAYERS, JAMES
14238 MAYER AVE.
HUDSON FL 34669**

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SAYERS, JAMES	
STREET ADDRESS	14238 MAYER AVE.	
CITY-ST-ZIP	HUDSON FL 34669	

TITLE	S	<input type="checkbox"/> Delete
NAME	SELLERS, RON	
STREET ADDRESS	644 E. SNOWS LAKE RD.	
CITY-ST-ZIP	FENWICK MI 48834	

TITLE	T	<input type="checkbox"/> Delete
NAME	EARLE, WILLIAM	
STREET ADDRESS	3270 SEAVIEW DR.	
CITY-ST-ZIP	SPRING HILL FL 34606	

TITLE	CD	<input type="checkbox"/> Delete
NAME	BUER, LEE	
STREET ADDRESS	2454 20TH ST.	
CITY-ST-ZIP	HOPKINS MI 49328-9613	

TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, DAVID	
STREET ADDRESS	12091 REDROSE AVE.	
CITY-ST-ZIP	BROOKSVILLE FL 34614	

TITLE	D	<input type="checkbox"/> Delete
NAME	HIGBIE, DAVE	
STREET ADDRESS	9731 RIVERSIDE DR.	
CITY-ST-ZIP	GREENVILLE MI 48838	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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:

James M. Looper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-01

Date

727-869-1389

Daytime Phone #

CR2E037 (10/00)