

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000004185

1. Entity Name

CAMPSITE EVANGELISM, INC.

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90158 009 ****70.00

Principal Place of Business

PO BOX 5587
HUDSON FL 34674

Mailing Address

PO BOX 5587
HUDSON FL 34674

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

23-7378219

Applied For

Not Applicable

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 ☐ Delete
NAME **D**
STREET ADDRESS **SAYERS, JAMES**
CITY-ST-ZIP **14238 MAYER AVE.
HUDSON FL 34669**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **SELLERS, RON**
CITY-ST-ZIP **644 E. SNOWS LAKE RD.
FENWICK MI 48834**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **EARLE, WILLIAM**
CITY-ST-ZIP **3270 SEAVIEW DR.
SPRING HILL FL 34606**

TITLE ☒ Delete
NAME **CD**
STREET ADDRESS **BUER, LEE**
CITY-ST-ZIP **2454 20TH ST.
HOPKINS MI 49328-9613**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MOORE, DAVID**
CITY-ST-ZIP **12091 REDROSE AVE.
BROOKVILLE FL 34614**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HIGBIE, DAVE**
CITY-ST-ZIP **9731 RIVERSIDE DR.
GREENVILLE MI 48838**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☒ Addition
NAME **CD**
STREET ADDRESS **Mummau, Clair**
CITY-ST-ZIP **1311 Schwanger Rd
Mt. Joy, PA 17552**

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

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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2402

727/869-1389

CR2E037 (9/01)