

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2000 08:00 AM
Secretary of State

DOCUMENT # **F97000000296**

1. Entity Name

VISION MINISTRIES INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

7878 WILES ROAD

7878 WILES ROAD

CORAL SPRINGS
33067

FL

CORAL SPRINGS
33067

FL

2. Principal Place of Business
5100 WEST HILLSBORO BOULEVARD

3. Mailing Address
5212 N.W. 54TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
COCONUT CREEK

FL

City & State
COCONUT CREEK

FL

4. FEI Number

65-0774446

Applied For

Not Applicable

Zip
33073

Country

Zip
33073

Country

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

COLLYMORE LEON
5212 NW 54TH AVENUE

COCONUT CREEK
33073

FL

US

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.)

05/01/2000

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
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Delete
COLLYMORE LINDA
5212 NW 54TH AVENUE
COCONUT CREEK FL 33067

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☒ Delete
RAMJOHN ELTON
1628 NW 90TH WAY
PEMBROKE PINES FL 33024

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Delete
COLLYMORE LEON
5212 NW 54TH AVENUE
COCONUT CREEK FL 33067

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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.