

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004011

1. Entity Name

PETER GAMMONS MINISTRIES INTERNATIONAL, INC.

FILED

May 10, 2001 8:00 am  
Secretary of State

05-10-2001 90038 036 \*\*\*\*\*61.25

Principal Place of Business

195 S. WESTMONTE DR., SUITE C  
ALTAMONTE SPRINGS FL 32714

Mailing Address

195 S. WESTMONTE DR., SUITE C  
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

4420 Edgewater Dr.

3. Mailing Address

P. O. Box 605000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Orlando, FL

City & State  
Orlando, FL

4. FEI Number

54-1803566

Applied For

Not Applicable

Zip  
32804

Country  
USA

Zip  
32860-5000

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GAMMONS, PETER J DR.  
195 S. WESTMONTE DR., SUITE C  
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name George Hodges, EA

Street Address (P.O. Box Number is Not Acceptable)

585 South CR 427

Suite 121

City

Longwood

FL

Zip Code  
32750

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.

George Hodges, EA

(NOTE: Registered Agent signature required when reinstating)

4/26/01

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 P  
NAME GAMMONS, PETER J DR. ☐ Delete  
STREET ADDRESS 2160 TERRACE BLVD.  
CITY-ST-ZIP LONGWOOD FL 32779

TITLE S  
NAME LUBBE, BARRINGTON W ☒ Delete  
STREET ADDRESS 10266 BATTLEVIEW PARKWAY  
CITY-ST-ZIP MANASSAS VA 22110

TITLE S  
NAME HOOPER, CLIFFORD E ☒ Delete  
STREET ADDRESS 195 S. WESTMONTE DR STE C  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE DVP  
NAME Kenneth R. Carris  
STREET ADDRESS 524 Carnation Dr.  
CITY-ST-ZIP Winter Park, FL 32792 ☐ Change ☒ Addition

TITLE DST  
NAME Earl Green  
STREET ADDRESS 9025 Ron Den Lane  
CITY-ST-ZIP Windermere, FL 34786 ☐ Change ☒ Addition

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

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

Peter Gammons

4/26/01

407-292-8081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)