

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000004604**

1. Entity Name
MINISTRY PARTNERS, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 31 AM 8:46

Principal Place of Business
2854 BECCA AVENUE
NAPLES FL 34112

Mailing Address
2854 BECCA AVENUE
NAPLES FL 34112-5841



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

"APPLIED FOR"

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEINBERG, DAVID S
2854 BECCA AVENUE
NAPLES FL 34112

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 \$50.00~~

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE NAME Delete
MGR
STEINBERG, DAVID S
STREET ADDRESS
2854 BECCA AVENUE
CITY-ST-ZIP
NAPLES FL 34112

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
300003121733--1
-02/03/00--01003--024
*******50.00 *****50.00**

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE NAME Delete
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CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

David S Steinberg **Steinberg**

Date

1-5-00

Daytime Phone #

(941) 775-3335