

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000001150**

1. Entity Name

MAD MINISTRIES, INC.FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -9 PM 3:45

Principal Place of Business

14923 68TH STREET NORTH
LOXAHATCHEE FL 33470

Mailing Address

POST OFFICE BOX 22101
WEST PALM BEACH FL 33470

2. Principal Place of Business

3. Mailing Address

3866 VICTORIA DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WEST PALM BEACH, FL

Zip

Country

Zip

Country

33406 PB

4. FEI Number

Applied For

☒ Not Applicable5. 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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

LUTHER HOLLIS

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

3866 VICTORIA DRIVE

City

WEST PALM BEACH

FL

Zip Code

33406

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

9/8/01

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.259. 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
PTD
HOLLIS, LUTHER W JR.
14923 68TH STREET NORTH
LOXAHATCHEE FL 33470 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
HOLLIS, LUTHER W III
14923 68TH STREET NORTH
LOXAHATCHEE FL 33470 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AUTUMN HOLLIS
3866 VICTORIA DR.
WEST PALM BCH, FL 33406 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/9/01

Date

561/315-1666

Daytime Phone #

CR2E037 (5/01)