

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 08, 2001 8:00 am
Secretary of State

05-12-2001 90037 011 ****61.25

DOCUMENT # N00000004623

1. Entity Name

LANARK MINISTRIES INCORPORATED

Principal Place of Business

31-7 HEFFERNA DRIVE
 LANARK VILLAGE FL 32323

Mailing Address

PO BOX 1335
 LANARK VILLAGE FL 32323

2. Principal Place of Business

LANARK VILLAGE

Suite, Apt. #, etc.

31-8 HEFFERNA DR

City & State

LANARK VILLAGE FL

Zip

32323

Country

FRANKUR

3. Mailing Address

PO BOX 1335

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'CONNER, ERWIN B
31-7 HEFFERNA DRIVE
LANARK VILLAGE FL 32323

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 **ERWIN O'CONNER**

Signature, typed or printed name of registered agent and title if applicable.

Erwin O'Conner

(NOTE: Registered Agent signature required when reinstating)

4-28-01

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

PRESIDENT - DIRECTOR ☐ Delete

erwin O'Conner **32323**

P.O. Box 1335 LANARK VILLAGE FL

VP - DIRECTOR ☐ Delete

Dewey O'Conner

5366 Hardaway Hwy

Chattahoochee, FL 32324

secretary DIRECTOR ☐ Delete

Pete O'Conner

2692 Enterprise DR

Clearwater, FL 33759

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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 O'Conner**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-01 697-4242

Date

Daytime Phone #

CR2E037 (10/00)