

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005969

1. Entity Name

DIVINE MERCY MISSION TO BELIZE, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90366 029 *****61.25

0019727

Principal Place of Business

Mailing Address

282 GRANDVIEW AVENUE
VALPARAISO FL 32580

POST OFFICE BOX 233
VALPARAISO FL 32580

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3679988

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

MIKULEC, JUDY
163-B NORDBERG AVENUE
VALPARAISO FL 32580

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 \$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 PD ☐ Delete
NAME NASLUND, SEBASTIAN
STREET ADDRESS 282 GRANDVIEW AVENUE
CITY-ST-ZIP VALPARAISO FL 32580

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

TITLE TD ☐ Delete
NAME MICULEC, JUDY
STREET ADDRESS 163-B NORDBERG AVENUE
CITY-ST-ZIP VALPARAISO FL 32580

TITLE TD ☐ Change ☐ Addition
NAME MiKULEC, Judy
STREET ADDRESS AS IN BLOCK 6
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME MCBRIDE, GARY
STREET ADDRESS 109 ALAN-A-DALE
CITY-ST-ZIP NICEVILLE FL 32578

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

TITLE SD ☐ Delete
NAME ELLER, DEBORAH
STREET ADDRESS 2005 PLUMOSA PALM DRIVE
CITY-ST-ZIP NICEVILLE FL 32578

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

Judy Mikulec
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01 (850) 678-8003
Date Daytime Phone #

CR2E037 (10/00)