

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2001 8:00 am**  
**Secretary of State**

04-18-2001 90011 018 \*\*\*\*61.25

**DOCUMENT # N00000006984**

1. Entity Name

**MENDING HEARTS CHARITIES, INC.**

Principal Place of Business

**1205 W MICHIGAN STREET  
ORLANDO FL 32805**

Mailing Address

**1205 W MICHIGAN STREET  
ORLANDO FL 32805**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 560609**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**ORLANDO, FL**

City & State

City & State

4. FEI Number

**59-3681485**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32856.**

5. 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

**BIEMILLER, JOHN R  
1205 W MICHIGAN STREET  
ORLANDO FL 32805**

Name **TERESA L. GRONSKI**

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

**1205 W. MICHIGAN STREET**

City

**ORLANDO**

**FL**

Zip Code

**32805**

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

*Teresa L. Gronski Pres.*

**TERESA L. GRONSKI 2/21/01**

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 **D** ☒ Delete  
NAME **BIEMILLER, JOHN R**  
STREET ADDRESS **1205 W MICHIGAN STREET**  
CITY-ST-ZIP **ORLANDO FL 32805**

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

TITLE **D** ☐ Delete  
NAME **GRONSKI, TERESA L**  
STREET ADDRESS **1205 W MICHIGAN STREET**  
CITY-ST-ZIP **ORLANDO FL 32805**

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

TITLE **D** ☐ Delete  
NAME **BENEDETTO, KRISTEN**  
STREET ADDRESS **1205 W MICHIGAN STREET**  
CITY-ST-ZIP **ORLANDO FL 32805**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **ANN MCKINNESS**  
STREET ADDRESS **1205 W. MICHIGAN ST.**  
CITY-ST-ZIP **ORLANDO, FL. 32805**

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:

*Teresa L. Gronski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**TERESA L. GRONSKI  
2/21/01 (407) 843-4300**  
Date Daytime Phone #

CR2E037 (10/00)