

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000002869

1. Entity Name

MICHAEL SLOAN MINISTRIES INTERNATIONAL, INC.

Principal Place of Business

37218 BAILEY HILL RD.
DADE CITY FL 33525

Mailing Address

37218 BAILEY HILL RD.
DADE CITY FL 33525

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

59-3728835

Applied For

Not Applicable

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

Name

SLOAN, MICHAEL

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

35636 HIGHWAY 54 WEST

City

ZEPHYRHILLS

FL

Zip Code

33541

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

4/16/02

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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
SLOAN, MICHAEL E
37218 BAILEY HILL RD.
DADE CITY FL 33525

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
SLOAN, TENA L
37218 BAILEY HILL RD.
DADE CITY FL 33525

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
VAUGHN, TARA E
36105 ZINNIA AVE.
ZEPHYRHILLS FL 33541

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02

813-782-2888

Date

Daytime Phone #

CR2E037 (9/01)

0077017

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91492 035 ****61.25

949815



DO NOT WRITE IN THIS SPACE