

2002 UNIFORM BUSINESS REPORT (UBR)

5/23

FILED
Sep 19, 2002 8:00 am
Secretary of State

05-23-2002 90095 048 ***150.00
 09-19-2002 90158 023 ****70.00

DOCUMENT # NO1000006002

1. Entity Name

FIRST CAUSE MINISTRIES INC.

Principal Place of Business

6353 JARVIS ROAD
 SARASOTA FL 34241

Mailing Address

6353 JARVIS ROAD
 SARASOTA FL 34241

80139577

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

65-1132949

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

FERN, DONALD H REV.
6353 JARVIS ROAD
SARASOTA FL 34241

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

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	DIRECTOR	<input type="checkbox"/> Delete
NAME	RONALD H. FERN	
STREET ADDRESS	6353 JARVIS RD	
CITY-ST-ZIP	SARASOTA, FL 34241-3612	
TITLE	TRUSTEE	<input type="checkbox"/> Delete
NAME	RICHARD H. HOFFMAN	
STREET ADDRESS	2658 BUTTERNUT RD.	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE	TRUSTEE	<input type="checkbox"/> Delete
NAME	COLIN FERN	
STREET ADDRESS	6353 JARVIS RD	
CITY-ST-ZIP	SARASOTA, FL 34241	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02 (941) 371-4441
 Date Daytime Phone #

CR2E037 (9/01)