

FILED  
May 05, 2003 8:00 am  
Secretary of State

05-05-2003 90109 024 \*\*\*\*61.25

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N02000009009

1. Entity Name  
**AMBASSADORS MINISTRIES INTERNATIONAL,  
INC.**



Principal Place of Business  
301 E. PINE STREET, SUITE 150  
ORLANDO, FL 32801

Mailing Address  
301 E. PINE STREET, SUITE 150  
ORLANDO, FL 32801

2. Principal Place of Business  
**400 W. Church St.**

3. Mailing Address  
**400 W. Church St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~400 Kurt Forrest Brewer~~

~~400 Kurt Forrest Brewer~~

City & State

City & State

**Orlando FL**

**Orlando FL**

Zip  
**32801**

Country  
**USA**

Zip  
**32801**

Country  
**USA**



☒ CHECK HERE IF MAKING CHANGES

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

**KURT, BREWER F.P.A.  
301 E. PINE STREET, SUITE 150  
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name **Kurt Forrest Brewer, Esq.**  
Street Address (P.O. Box Number is Not Acceptable)

**400 W. Church St.**

City **Orlando**

**FL**

Zip Code  
**32801**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

**4/24/03**

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  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **GRIEGER, MARKUS**  
STREET ADDRESS **301 E. PINE STREET, SUITE 150**  
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE **D** ☐ Delete  
NAME **GRIEGER, ANNE**  
STREET ADDRESS **301 E. PINE STREET, SUITE 150**  
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE **D** ☐ Delete  
NAME **WU, DANIEL**  
STREET ADDRESS **301 E. PINE STREET, SUITE 150**  
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director and President** ☒ Change ☐ Addition  
NAME **Markus Grieger**  
STREET ADDRESS **400 Kurt Forrest Brewer, P.A.**  
CITY-ST-ZIP **400 West Church St., Orlando FL 32801**

TITLE **D, VP** ☒ Change ☐ Addition  
NAME **Anne Grieger**  
STREET ADDRESS **400 Kurt Forrest Brewer, P.A.**  
CITY-ST-ZIP **400 W. Church St. Orlando FL 32801**

TITLE **VP, D, S, T** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **400 Kurt Forrest Brewer, P.A.**  
CITY-ST-ZIP **400 W. Church St. Orlando FL 32801**

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

TITLE ☐ Change ☐ Addition  
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:

**Kurt Forrest Brewer, Esq.**  
Authorized representative

**4/28/03**

DATE

**407 246 5253**

DAYTIME PHONE #

CR12E037 (10/02)