

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90051 043 \*\*\*150.00

DOCUMENT# N07000000604

1. Entity Name **OPEN HEARTS INTERNATIONAL, INC.**

Principal Place of Business Mailing Address  
**C/O FUNDAD. APARTADO 2213 MANAGUA 5** **C/O FUNDAD. APARTADO 2213 MANAGUA 5**  
**NICARAGUA CENTRAL AMERICA** **NICARAGUA CENTRAL AMERICA**

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 **59-1581904** 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

**KLEIN, THOMAS A ESQ**  
**C/O TRINITY REFORMED CHURCH, INC.**  
**2314 BANNERMAN RD**  
**TALLAHASSEE FL 32312**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
 NAME **BUZBEE, MICHAEL**  
 STREET ADDRESS **C/O FUNDAD, APARTADO 2213 MANAGUA 5**  
 CITY-ST-ZIP **NICARAGUA CENTRAL AMERICA**

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

TITLE **P** ☐ Delete  
 NAME **TILLOTSON, CARL M**  
 STREET ADDRESS **RT. 5, BOX 55259**  
 CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE ☒ Change ☐ Addition  
 NAME **TILLOTSON, CARL M.**  
 STREET ADDRESS **905 SHEATS RD.**  
 CITY-ST-ZIP **MONTICELLO, FL 32344**

TITLE **V** ☐ Delete  
 NAME **ROBINSON, GREG**  
 STREET ADDRESS **581 PADEN MILL TR**  
 CITY-ST-ZIP **ATLANTA GA 30044**

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

TITLE **D** ☐ Delete  
 NAME **BUZBEE, SUSAN**  
 STREET ADDRESS **C/O FUNDAD, APARTADO 2213 MANAGUA 5**  
 CITY-ST-ZIP **NICARAGUA CENTRAL AMERICA**

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

TITLE **D** ☐ Delete  
 NAME **YOUNG, W.A.**  
 STREET ADDRESS **1321 MILLSTREAM RD**  
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Michael Buzbee D** 3/20/02 41-505-265-1054  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)