

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11180

1. Entity Name

CROWN MINISTRIES, INC.

Principal Place of Business

530 CROWN OAK CENTRE DR.  
LONGWOOD FL 32750

Mailing Address

530 CROWN OAK CENTRE DR.  
LONGWOOD FL 32750-6187

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

59-2635539

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DAYTON, HOWARD L., JR.  
530 CROWN OAK CENTRE DR  
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

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

TITLE V  
NAME WHITE, JOHN  
STREET ADDRESS 24014 OAKMONT WAY  
CITY-ST-ZIP AUBURN CA ☐ Delete

TITLE PD  
NAME DAYTON, HOWARD L., JR.  
STREET ADDRESS 272 VICTOR AVENUE  
CITY-ST-ZIP LONGWOOD FL ☐ Delete

TITLE D  
NAME RAHILL, PAUL  
STREET ADDRESS 1468 WILLIAMS DRIVE  
CITY-ST-ZIP WINTER PARK FL ☐ Delete

TITLE T  
NAME BUBBERS, WILLIAM  
STREET ADDRESS 100 9TH AVE  
CITY-ST-ZIP INIALANTIC FL ☐ Delete

TITLE D  
NAME ROCKWELL, ROBERT W  
STREET ADDRESS 13451 MCGREGOR BLVD. SUITE 32  
CITY-ST-ZIP FT. MYERS FL ☐ Delete

TITLE CD  
NAME AMERMAN, MARK  
STREET ADDRESS 1962 MAPLE LEAF DRIVE  
CITY-ST-ZIP WINDMERE FL ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 19, 2000 8:00 am  
Secretary of State

01-19-2000 90211 049 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

1-11-00

407-331-6000