

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14112

1. Entity Name

ADVANCE MINISTRIES INTERNATIONAL, INC.

Principal Place of Business

708 GATEWAY LANE
TAMPA FL 33613
US

Mailing Address

BOX 82225
TAMPA FL 33682-2225
US

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

59-2709345

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

SCHULTZ, DONALD W.
708 GATEWAY LANE
TAMPA FL 33613

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 PD
NAME CHANDLER, NANCY J.
STREET ADDRESS 5653 97TH WAY N.
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

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

TITLE STD
NAME SCHULTZ, DONALD W.
STREET ADDRESS 708 GATEWAY LANE
CITY-ST-ZIP TAMPA FL ☐ Delete

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

TITLE DVM
NAME CHANDLER, WILL R.
STREET ADDRESS 5653 97TH WAY N.
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: DONALD W. SCHULTZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91503 049 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)