

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15462

1. Entity Name

WORLD SERVANTS, INC.

Principal Place of Business

Mailing Address

% CHARLES O. MORGAN, JR.
7130 PORTLAND AVE S
RICHFIELD MN 55423-3264
US

% CHARLES O. MORGAN, JR.
7130 PORTLAND AVE S
RICHFIELD MN 55423-3264
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

59-2707198

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

MORGAN, CHARLES O. JR.
1300 N.W. 167TH ST.
MIAMI FL 33169

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	D	<input type="checkbox"/> Delete
NAME	BANDSTRA, TED.	
STREET ADDRESS	9855 SW 89TH COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	FORTIN, JACK	
STREET ADDRESS	14189 OSTWIND TRAIL N.	
CITY-ST-ZIP	MARINE ON ST-CROIX MJ 55047	
TITLE	D	<input type="checkbox"/> Delete
NAME	AINSWORTH, ROBERT	
STREET ADDRESS	2778 TERREBONNE AVE.	
CITY-ST-ZIP	SAN DIMAS CA	
TITLE	P	<input type="checkbox"/> Delete
NAME	GIBSON, TIMOTHY	
STREET ADDRESS	8016 LEA RD	
CITY-ST-ZIP	BLOOMINGTON MN 55438	
TITLE	V	<input type="checkbox"/> Delete
NAME	LAUB, JAMES	
STREET ADDRESS	12253 LACEWOOD LANE	
CITY-ST-ZIP	W PALM BCH. FL	
TITLE	COO	<input type="checkbox"/> Delete
NAME	JEFFREY A JONES	
STREET ADDRESS	13028 14TH AVE S	
CITY-ST-ZIP	BURNSVILLE MN 55337	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change
NAME	Andrea McAleenan	
STREET ADDRESS	2613 Sixth St. Apt. A	
CITY-ST-ZIP	Santa Monica, CA 90405	
TITLE	D	<input type="checkbox"/> Change
NAME	Guy Adams	
STREET ADDRESS	3797 S.E. 27th Street	
CITY-ST-ZIP	Gresham OR 97080	
TITLE	D	<input type="checkbox"/> Change
NAME	MARK PRINCE	
STREET ADDRESS	4052 Broadmoor Cr.	
CITY-ST-ZIP	Howell, MI 48843-9489	
TITLE	D	<input type="checkbox"/> Change
NAME	Peggy Riley	
STREET ADDRESS	158 Galtier Place	
CITY-ST-ZIP	Shoreview MN. 55126	
TITLE	T-S-D	<input type="checkbox"/> Change
NAME	RAY Road	
STREET ADDRESS	109 South Glen Grove	
CITY-ST-ZIP	Glendora, CA 91740	
TITLE		<input type="checkbox"/> Change
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JEFFREY A JONES, COO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-00

612-866-0010

Date

Daytime Phone #

FILED

Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90174 026 ****70.00

80016425



DO NOT WRITE IN THIS SPACE