

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32326

1. Entity Name

EASTMAN CURTIS MINISTRIES, INC.

**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**

09-11-2000 90062 008 \*\*\*\*61.25

Principal Place of Business

1700 S. ASPEN  
 BROKEN ARROW OK 74012  
 US

Mailing Address

1700 S. ASPEN  
 BROKEN ARROW OK 74012  
 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

91-1348113

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

CURTIS, EASTMAN  
 8311 MAID MARION TRAIL  
 LAKELAND FL 33809

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**

**After September 13, 2000 min. will be \$236.25**

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	D	<input type="checkbox"/> Delete
NAME	CURTIS, EASTMAN	
STREET ADDRESS	11705 S 66TH E AVE	
CITY-ST-ZIP	BIXBY OK	
TITLE	D	<input type="checkbox"/> Delete
NAME	CURTIS, ANGEL	
STREET ADDRESS	11705 S 66TH E AVE	
CITY-ST-ZIP	BIXBY OK	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAMES, MIKE	
STREET ADDRESS	8937 S HUDSON AVE	
CITY-ST-ZIP	TULSA OK	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Angel S. Curtis*  
 REQUIRE  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Vice-President*  
*Angel S. Curtis* 9/7/00 918-259-9080  
 Date Daytime Phone #

CR2E037 (5/00)