

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39278

1. Entity Name

BELIZE OUTREACH MINISTRIES, INC.

**FILED**  
**Aug 23, 2000 8:00 am**  
**Secretary of State**

08-23-2000 90032 023 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 2957  
THOMASVILLE GA 31799  
US

P.O. BOX 2957  
THOMASVILLE GA 31799-2957  
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

65-0121632

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

BEST, DANIEL M  
1206 ADAMS  
HOLLYWOOD FL 33019

*Change of  
Address*

Name **DANIEL M BEST**

Street Address (P.O. Box Number is Not Acceptable)

**6505 CABALLERO BLVD**

City **CORAL GABLES, FL** Zip Code **33146**

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 ☐ Delete  
NAME **P FLETCHER, DAVID A**  
STREET ADDRESS **143 TUXEDO DR.**  
CITY-ST-ZIP **THOMASVILLE GA 31792**

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

TITLE ☐ Delete  
NAME **ST MALONE, RANDOLPH A**  
STREET ADDRESS **143 TUXEDO DR.**  
CITY-ST-ZIP **THOMASVILLE GA 31792**

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

TITLE ☐ Delete  
NAME **O YOUNG, JOHN ROBERT**  
STREET ADDRESS **1315 PACIFIC AVENUE**  
CITY-ST-ZIP **SANTA ROSA CA 95404**

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

TITLE ☐ Delete  
NAME **D WALLER, GEORGE**  
STREET ADDRESS **4912 GARTH ROAD**  
CITY-ST-ZIP **HUNTSVILLE AL 35802**

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

TITLE ☐ Delete  
NAME  
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:

**DAVID A. FLETCHER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**JUNE 12, 2000 011 501 722735**

CR2E037 (9/99)