

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40001

1. Entity Name

DOUBLE VISION MINISTRIES, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90010 048 ****61.25

Principal Place of Business

Mailing Address

8 LAUREL AVE
STE 4
EAST ISLIP NY 11730
US

BOX 9
EAST ISLIP NY 11730-0009
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

85-0582837

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TEMPLETON, GARY
1070 EAST INDIAN TOWN
SUITE 407
JUPITER FL 33477

Name

DUSTIN RUBECK

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

CNT, INC.

28059 US 19 NORTH

City

CLEARWATER, FL

FL

Zip Code

33761

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 D ☐ Delete
NAME SLONIGER, ROBERT
STREET ADDRESS 191 E STEGER RD
CITY-ST-ZIP CHICAGO HEIGHTS IL

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

TITLE D ☐ Delete
NAME METZGER, JEFFREY
STREET ADDRESS 2061 MCGREGOR BLVD
CITY-ST-ZIP FT MYERS FL

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

TITLE CD ☐ Delete
NAME WASEM, JOHN
STREET ADDRESS P.O. BOX 456 N/A
CITY-ST-ZIP ST. JOHN IN

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

TITLE D ☐ Delete
NAME WILLIAMS, PAUL
STREET ADDRESS 40 MARILYN ST
CITY-ST-ZIP EAST ISLIP NY

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

TITLE ☐ Delete
NAME BRYAN CARTER C
STREET ADDRESS 3567 N CR 575 E
CITY-ST-ZIP DANVILLE, IND. 46122

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

TITLE ☐ Delete
NAME SECRETARY
STREET ADDRESS R. PAIGE MATTHEWS
CITY-ST-ZIP 115B W. ENGLISH SPANISH TR.
HIGHWAYS RANCH, CO 80726-6224

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

1/17/00

303-378-5363

Date

Daytime Phone #

CR2E037 (9/99)