

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45652

1. Entity Name

BASINGER MINISTRIES, INC.

FILED

Feb 04, 2000 8:00 am  
Secretary of State

02-04-2000 90063 013 \*\*\*\*61.25

Principal Place of Business

Mailing Address

19605-A NORTH HIGHWAY 98  
OKEECHOBEE FL 34972

19655 HIGHWAY 98 NORTH  
OKEECHOBEE FL 34972-3979  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

CLEMONS, OTIS JEFFREY  
19645 HWY 98 N  
OKEECHOBEE FL 34972

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	CD	<input type="checkbox"/> Delete
NAME	CLEMONS, OTIS JEFFREY	
STREET ADDRESS	19645 HWY 98 N	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARNOLD, MONROE	
STREET ADDRESS	14627 N.W. 34TH TERRACE	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LARSON, LOUIS E., JR.	
STREET ADDRESS	10,000 NORTH HIGHWAY 98	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHARTER, RICHARD E.	
STREET ADDRESS	7806 SW 9TH ST	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	RUCKS, MARY M	
STREET ADDRESS	1120 SW 8TH CT	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	Eddie McGlamory	
STREET ADDRESS	19805 Hwy 98N	
CITY-ST-ZIP	Okeechobee Fl 34972	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)