

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46550

1. Entity Name

MIKE COYLE MINISTRIES, INC.

Principal Place of Business

Mailing Address

8951 S.E. 120TH PLACE
BELLEVIEW FL 34420-5423
US

8951 S.E. 120TH PLACE
BELLEVIEW FL 34420-5423
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

23-7426353

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

COYLE, MICHAEL E.
8951 S.E. 120TH PLACE
BELLEVIEW FL 34420

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 ☐ Delete
NAME COYLE, MICHAEL E.
STREET ADDRESS 8951 S.E. 120TH PLACE
CITY-ST-ZIP BELLEVIEW FL

TITLE D ☐ Delete
NAME COYLE, JOANNE K.
STREET ADDRESS 8951 S.E. 120TH PLACE
CITY-ST-ZIP BELLEVIEW FL

TITLE D ☐ Delete
NAME COYLE, TODD M.
STREET ADDRESS 8951 S.E. 120TH PLACE
CITY-ST-ZIP BELLEVIEW FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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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: Michael E. Coyle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/2000
Date

352-245-1796
Daytime Phone #

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90025 047 ****61.25



DO NOT WRITE IN THIS SPACE