

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000243

1. Entity Name

HERMAN BAILEY MINISTRIES, INC.

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90047 015 ****61.25

0031412

Principal Place of Business

102 24TH ST
BELLEAIR BEACH FL 33786
US

Mailing Address

102 24TH ST
BELLEAIR BEACH FL 33786
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

59-3169492

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAILEY, HERMAN
102 24TH ST
BELLEAIR BEACH FL 34634

7. Name and Address of New Registered Agent

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 ☐ Delete
NAME D
STREET ADDRESS BAILEY, HERMAN
CITY-ST-ZIP 102 24TH ST
BELLEAIR BEACH FL

TITLE ☐ Delete
NAME D
STREET ADDRESS MOORE, GARY
CITY-ST-ZIP 7569 SETH RAYNOR PLACE
SARASOTA FL

TITLE ☐ Delete
NAME D
STREET ADDRESS SIMS, LARRY
CITY-ST-ZIP 9028 SAINT THOMAS LANE
CHARLOTTE N.

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
STREET ADDRESS
CITY-ST-ZIP

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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

3-5-02 (727) 535-5622
Date Daytime Phone #

CR2E037 (9/01)