

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001317

1. Entity Name

R. L. MCLEOD MINISTRIES INC.

Principal Place of Business

7825 NECTAR DRIVE
ORLANDO FL 32819-8303

Mailing Address

7825 NECTAR DRIVE
ORLANDO FL 32819-8303

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3197387

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCLEOD, GEORGIA B
7825 NECTAR DRIVE
ORLANDO FL 32819-8303

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

Georgia B. MCLEOD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-2-01

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 PD ☐ Delete
NAME GEORGIA B. MCLEOD,
STREET ADDRESS 7825 NECTAR
CITY-ST-ZIP ORLANDO FL 32819

TITLE VPSD ☐ Delete
NAME REMOSSIVE SCURRY,
STREET ADDRESS 7819 NECTAR DRIVE
CITY-ST-ZIP ORLANDO FL 32819-8303

TITLE TD ☐ Delete
NAME ALBERTA INGRAM,
STREET ADDRESS 301 CLARK STREET
CITY-ST-ZIP EATONVILLE FL 32751

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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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:

Georgia B. MCLEOD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-2-01 / 407/345-0713



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)