

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90088 018 *****61.25

DOCUMENT # N94000004515

1. Entity Name

RON CLARK MINISTRIES, INC.

Principal Place of Business

6850 LIVING WATER PLACE
TAMPA FL 33610

Mailing Address

6850 LIVING WATER PLACE
TAMPA FL 33610

2. Principal Place of Business

9238 Fort King Road

3. Mailing Address

Suite, Apt. #, etc.

City & State

Dade City, FL

City & State

4. FEI Number

59-3300484

Applied For

Not Applicable

Zip

33525

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEISTER, TRACEY
6850 LIVING WATER PLACE
TAMPA FL 33610

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 PD
NAME CLARK, RONALD H DR
STREET ADDRESS 6850 LIVING WATER PLACE
CITY-ST-ZIP TAMPA FL 33610 ☐ Delete

TITLE DV
NAME CLARK, BELINDA REV
STREET ADDRESS 6850 LIVING WATER PLACE
CITY-ST-ZIP TAMPA FL 33610 ☐ Delete

TITLE DST
NAME MCCORD, MICHAEL
STREET ADDRESS 1907 SADDLE LAKE PLACE
CITY-ST-ZIP BRANDON FL 33511 ☐ Delete

TITLE D
NAME MYER, MEL
STREET ADDRESS 1304 HARNESS HORSE LANE
CITY-ST-ZIP BRANDON FL 33511 ☐ Delete

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

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS Myer, Mel
CITY-ST-ZIP 8711 Charming Knoll CT
Tampa, FL 33635

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Michael McCord
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/01

(813) 620-4551

Date

Daytime Phone #

CR2E037 (10/00)