

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90950 032 ****61.25

DOCUMENT # N94000004515

1. Entity Name

RON CLARK MINISTRIES, INC.

Principal Place of Business

Mailing Address

**9238 FORT KING ROAD
DADE CITY FL 33525**

**6850 LIVING WATER PLACE
TAMPA FL 33610**

B0057769



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3300484

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

**YARLOTT
MEISTER, TRACEY
6850 LIVING WATER PLACE
TAMPA FL 33610**

Name **Tracey Yarlott**
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

Tracey Yarlott

(NOTE: Registered Agent signature required when reinstating)

DATE

3/19/02

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

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6850 Living Water Pl**
CITY-ST-ZIP **Tampa FL 33610**

TITLE ☐ Delete
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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

Tracey Yarlott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/02

Date

813-620-4537

Daytime Phone #

0000413

CR2E037 (9/01)