

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2001 8:00 am**  
**Secretary of State**

04-14-2001 90031 041 \*\*\*\*\*61.25

**DOCUMENT # N94000005820**

1. Entity Name

**DOMINION AMBASSADORS INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

**2700 W ATLANTIC BLVD  
# 214  
POMPANO BEACH FL 33069**

**2700 W ATLANTIC BLVD  
# 214  
POMPANO BEACH FL 33069**

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

**65-0559791**

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

**HEPBURN, ELKANAH  
2600 AVENUE "H" WEST  
RIVIERA BEACH FL 33404**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PT** ☐ Delete  
NAME **TRIMM, N. CINDY**  
STREET ADDRESS **2700 W ATLANTIC BLVD # 214**  
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **PD** ☒ Change ☐ Addition  
NAME **Trimm, Dr. N. Cindy**  
STREET ADDRESS **2700 W. Atlantic Blvd. #214**  
CITY-ST-ZIP **Pompano Bch., FL 33069**

TITLE **S** ☐ Delete  
NAME **DUNCOMBE, WENDY**  
STREET ADDRESS **PO BOX 678**  
CITY-ST-ZIP **BIMINI BA**

TITLE **SD** ☒ Change ☐ Addition  
NAME **Duncombe, Wendy**  
STREET ADDRESS **2700 W. Atlantic Blvd. #214**  
CITY-ST-ZIP **Pompano Bch., FL 33069**

TITLE **D** ☐ Delete  
NAME **WATSON, BERNADETTE**  
STREET ADDRESS **5251 KIM COURT**  
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **D** ☐ Change ☒ Addition  
NAME **Cobbs, Ernest**  
STREET ADDRESS **3362 NW 151st Terrace**  
CITY-ST-ZIP **Opa-Locka, FL 33054**

TITLE **D** ☐ Delete  
NAME **LEAKEY, DEBBIE**  
STREET ADDRESS **5312 NE 6TH AVE # D20**  
CITY-ST-ZIP **FT LAUDERDALE FL 33445**

TITLE **DT** ☒ Change ☐ Addition  
NAME **Leakey, Debbie**  
STREET ADDRESS **5312 NE 6th Ave. #D20**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33445**

TITLE **D** ☐ Delete  
NAME **HARLINGTON, HANNA DR**  
STREET ADDRESS **2251 N FEDERAL HWY**  
CITY-ST-ZIP **POMPANO BEACH FL 33060**

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

TITLE **D** ☐ Delete  
NAME **MARCELLE, LARRY**  
STREET ADDRESS **1327 NW 87TH TERRACE**  
CITY-ST-ZIP **CORAL SPRINGS FL**

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 REQUIRED**

**April 2, 2001 (954) 969-1877**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)