

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000006014

1. Entity Name

SCOTT CHAPMAN MINISTRIES, INC.

W

Principal Place of Business

P.O. BOX 470271  
TULSA OK 74147  
US

Mailing Address

P.O. BOX 470271  
TULSA OK 74147  
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 59-3275223

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

CHAPMAN, SCOTT

~~6106 POPHER TRAIL~~ → 5623 Water Oak Lane  
MULBERRY FL 33860

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  
After September 12, 2001, min. will be \$236.25

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  
NAME PT  
STREET ADDRESS CHAPMAN, SCOTT A  
CITY-ST-ZIP ~~6106 POPHER TRAIL~~ → 5623 Water Oak Lane  
MULBERRY FL 33860 ☐ Delete

TITLE  
NAME ST  
STREET ADDRESS CHAPMAN, CATHY  
CITY-ST-ZIP ~~6106 POPHER TRAIL~~ → 5623 Water Oak Lane  
MULBERRY FL 33860 ☐ Delete

TITLE  
NAME T  
STREET ADDRESS ANDERSON, EDWIN  
CITY-ST-ZIP 15 S.W. THIRD AVENUE  
HIGH SPRINGS FL 32643 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

July 15, 2001

(918) 258-4041

FILED  
Jul 31, 2001 8:00 am  
Secretary of State

02-15-2001 90036 048 \*\*\*\*\*70.00  
07-31-2001 90013 005 \*\*\*\*\*70.00

00059896



DO NOT WRITE IN THIS SPACE

0016

CR2E037 (5/01)