

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 08, 2001 8:00 am  
Secretary of State

02-08-2001 90020 035 \*\*\*\*70.00

DOCUMENT # N95000003400

1. Entity Name

FAR AND AWAY MISSIONS, INC.

Principal Place of Business

111 SE 9TH CT  
POMPANO BEACH FL 33060  
US

Mailing Address

2841 BRIAN DR.  
UNION KY 41091  
US

2. Principal Place of Business

16252 Kelly Woods DR  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Ft MEYERS FLA.

City & State

4. FEI Number

65-0617568

Applied For

Not Applicable

Zip

Country

33908 U.S.A.

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KELLY, TOM  
111 SE 9TH CT  
POMPANO BCH FL 33060

7. Name and Address of New Registered Agent

Name

Tom Kelly

Street Address (P.O. Box Number is Not Acceptable)

16252 Kelly Woods DR.

City

Ft MEYERS

FL

Zip Code

33908

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 NAME STREET ADDRESS CITY-ST-ZIP	P KELLY, W. THOMAS 111 SE 9TH CT POMPANO BEACH FL 33060	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, BRIAN 7809 US 42 FLORENCE KY 41042	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROOK, TROY 7055 GLENARBOR DR FLORENCE KY 41042	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, LINDA 2841 BRIAN DR. UNION KY 41091	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROOK, MICHELLE 2055 GLENARBOR DR FLORENCE KY 41042	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, JOYCE 2841 BRIAN DR UNION KY 41091-7672	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Tom Kelly 16252 Kelly Woods Dr Ft MEYER FLA - 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

W Thomas Kelly  
Signature and typed or printed name of signing officer or director  
Date 1/31/2001  
859  
371-6300

CR2E037 (10/00)