

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000000236**

1. Entity Name

MISSION PARTNERS INTERNATIONAL, INC.**FILED**
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90071 015 ****61.25

Principal Place of Business

1620 RIVERS RD.
GREEN COVE SPRINGS FL 32043

Mailing Address

1620 RIVERS RD.
GREEN COVE SPRINGS FL 32043-8732

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2222923**

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

Name

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

City

FL

Zip Code

BARRIE, L. J. III
1620 RIVERS RD.
GREEN COVE SPRINGS FL 32043

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 \$61.259. 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 **DP** ☐ Delete
NAME **BARRIE, L.J. III**
STREET ADDRESS **1620 RIVERS RD.**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**TITLE **DT** ☐ Delete
NAME **GILLIES, DEBRA T**
STREET ADDRESS **3949 WISEMAN RD**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**TITLE **DS** ☐ Delete
NAME **HUNTER, HARRY L**
STREET ADDRESS **1646 RIVERS RD**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harry L. Hunter **1/18/2000 (904) 284-0198**

Date

Daytime Phone #