

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001185

1. Entity Name

GREENHOUSE MINISTRIES INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

2844 SW BOATRAMP AVE.
PALM CITY, FL. 34990

2. Principal Place of Business

2844 SW BOATRAMP AVE.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM CITY, FL.

City & State

4. FEI Number

65-0655530

Applied For

Not Applicable

Zip

34990

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THOMAS, JEFFREY F.
555 COLORADO AVE.
STUART, FL. 34990 US

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: SEC./TRES.
NAME: PAT RAYMOND
STREET ADDRESS: 2568 SE. HARRISON
CITY-ST-ZIP: STUART, FL. 34997 ☒ Delete

TITLE: PRES./DIRECTOR
NAME: ALAN R. SHERMAN
STREET ADDRESS: 2844 SW BOATRAMP AVE.
CITY-ST-ZIP: PALM CITY, FL. 34990 ☐ Delete

TITLE: VICE PRESIDENT/ASSISTANT DIRECTOR
NAME: SHARALEE SHERMAN
STREET ADDRESS: 2844 SW BOATRAMP AVE.
CITY-ST-ZIP: PALM CITY, FL. 34990 ☐ Delete

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: SEC./TRES.
NAME: LUCY J. CORLEY
STREET ADDRESS: 1117 SE OSCEOLA
CITY-ST-ZIP: STUART, FL. 34996 ☐ Change ☒ Addition

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an addressee, with all other like empowered.

SIGNATURE:

[Signature] PRES. 12-4-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPROVED
AND
FILED

00 DEC -4 AM 11:39

SECRETARY OF STATE:
TALLAHASSEE, FLORIDA

CR2E034 (9/99)