

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003487

1. Entity Name

MJOLNIR KINDRED ASATRU OF FLORIDA, INC.



Principal Place of Business

4300 US HWY 98 W
FROSTPROOF FL 33843

Mailing Address

4300 US HIGHWAY 98 WEST
FROSTPROOF FL 33843

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WADE, FRANCES I
13 LOUISIANA AVE
ST CLOUD FL 34769

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

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
STREET ADDRESS
CITY-ST-ZIP
PST
FISHER, JOHN
4300 US HIGHWAY 98 WEST
FROSTPROOF FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WADE, FRANCES
13 LOUISIANA AVE
ST CLOUD FL 34769

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BUCK, DAVID
207 STANLEY AVE.
FROSTPROOF FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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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

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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: JOHN FISHER 9/5/01

(863) 635-6020

FILED
Sep 11, 2001 8:00 am
Secretary of State

09-11-2001 90005 009 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0683692**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (5/01)