

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005023

1. Entity Name

SEEKERS INTERNATIONAL MINISTRIES, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90027 009 ****70.00

Principal Place of Business

Mailing Address

11402 RIVER KNOLL DRIVE
JACKSONVILLE FL 32225

P O BOX 2263
KILMARNOCK VA 22482
US

2. Principal Place of Business

16606 PALM ROYAL DR.

3. Mailing Address

16606 PALM ROYAL DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT. # 1129

APT. # 1129

City & State

City & State

TAMPA, FLORIDA

TAMPA, FLORIDA

Zip

Country

Zip

Country

33647

USA

33647

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GEIGER, WESLEY P
11402 RIVER KNOLL DRIVE
JACKSONVILLE FL 32225

Name

WESLEY P. GEIGER

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

16606 PALM ROYAL DRIVE

APT. # 1129

City

TAMPA

FL

Zip Code

33647

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

WESLEY P. GEIGER Pres Wesley P. Geiger Pres 3/24/2000

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	GEIGER, WESLEY P	
STREET ADDRESS	1058 HARMONY HILLS CIR	
CITY-ST-ZIP	HEATHSVILLE VA 22473	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOODWIN, PAUL	
STREET ADDRESS	11930 HARBOUR COVE DRIVE S	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRISON, LEE	
STREET ADDRESS	83 CHEROKEE TRAIL	
CITY-ST-ZIP	KILMARNOCK VA 22482	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GEIGER, DONNA	
STREET ADDRESS	1058 HARMONY HILLS CIR	
CITY-ST-ZIP	HEATHSVILLE VA 22473	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESLEY P. GEIGER	
STREET ADDRESS	16606 PALM ROYAL DR APT # 1129	
CITY-ST-ZIP	TAMPA, FLORIDA 33647	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRAVIS W. GEIGER	
STREET ADDRESS	8412 DELREY APT # 446	
CITY-ST-ZIP	TAMPA, FLORIDA 33617	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE HARRISON	
STREET ADDRESS	83 CHEROKEE TRAIL	
CITY-ST-ZIP	KILMARNOCK, VA 22482	
TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNA GEIGER	
STREET ADDRESS	16606 PALM ROYAL DR APT # 1129	
CITY-ST-ZIP	TAMPA, FLORIDA 33647	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

WESLEY P. GEIGER 3/24/2000 813-632-3233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)