

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004937

1. Entity Name

SACRED HEART MINISTRIES, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90217 025 ****61.25

Principal Place of Business

438 E LEMON ST
 TARPON SPRINGS FL 34689

Mailing Address

438 E LEMON ST
 TARPON SPRINGS FL 34689-4312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3481144

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

VAPORIS, ELIA-JOHN E SHSJ
 438 E LEMON ST
 TARPON SPRINGS FL 34689

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

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	D	<input type="checkbox"/> Delete
NAME	VAPORIS, ELIA J E	
STREET ADDRESS	38791 US 19N, #917	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input checked="" type="checkbox"/> XXX Delete
NAME	GIBSON, SHARI	
STREET ADDRESS	817 RIVERVIEW LANE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANDAKOS, CAROL	
STREET ADDRESS	1247 CHELSEA LN.	
CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE	D	<input checked="" type="checkbox"/> XXX Delete
NAME	BONDURANT, MILDRED	
STREET ADDRESS	1009 LAKE AVOCA PLACE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAPORIS, ELIA JE	
STREET ADDRESS	219 Grand Boulevard	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, RAYMOND H.	
STREET ADDRESS	5727 Biscayne Court	
CITY-ST-ZIP	New Port Richey, FL 53465	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, ADA	
STREET ADDRESS	5727 Biscayne Court	
CITY-ST-ZIP	New Port Richey, FL 53465	
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: ELIA-JOHN E. VAPORIS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 2000 727 943-9545
 Date Daytime Phone #

CR2E037 (9/99)