

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005241

1. Entity Name

J. R. BUSKEY MINISTRIES, INC.

FILED
Aug 14, 2001 8:00 am
Secretary of State

08-14-2001 90001 004 ****61.25

Principal Place of Business *3281 Heritage Lakes Blvd* Mailing Address *3281 Heritage Lakes Blvd*
3350 NORTH KEY DRIVE #211-B *3350 NORTH KEY DRIVE #211-B*
NORTH FORT MYERS FL 33903 *NORTH FORT MYERS FL 33903*
33917 *33917*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0783345		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BUSKEY, J R 3350 NORTH KEY DRIVE #211-B <i>3281 Heritage Lakes Blvd</i> NORTH FORT MYERS FL 33903 <i>33917</i>		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.

J. R. Buskey

(NOTE: Registered Agent signature required when reinstating)

7-25-01

DATE

FILE NOW: FEE IS \$61.25 After September 12, 2001, min. will be \$236.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	VD
NAME	BUSKEY, J R	NAME	Donald Mondell
STREET ADDRESS	3350 NORTH KEY DRIVE #211-B	STREET ADDRESS	1422 N.E 1st Street
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	CITY-ST-ZIP	Cape Coral, FL 33909
TITLE	STD	TITLE	
NAME	BUSKEY, GRACIE L	NAME	
STREET ADDRESS	3350 NORTH KEY DRIVE #211-B	STREET ADDRESS	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	STERBENS, THOMAS D	NAME	
STREET ADDRESS	940 TARPON ST.	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33916	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	BRODEUR, RICHARD	NAME	
STREET ADDRESS	1640 PERIWINKLE WAY	STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL 33957	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	WALTERICK, JOHN	NAME	
STREET ADDRESS	6618 JOANNA CIR.	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33919	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED

J. R. Buskey

7-25-01

941-543-8211

CR2E037 (5/01)