

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001238

1. Entity Name

THE HEARTLAND INTERFAITH ALLIANCE, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90036 050 ****61.25

Principal Place of Business

1744 SE LAKEVIEW DR
SEBRING FL 33870

Mailing Address

1744 SE LAKEVIEW DR
SEBRING FL 33870-4987

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0764532

Applied For

Not Applicable

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

FERNISLER, EUGENE R
2348 SPARROW AVE
SEBRING FL 33872

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	FERNISLER, EUGENE R	
STREET ADDRESS	2348 SPARROW AVE	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARINE, JAMES	
STREET ADDRESS	309 LOON AVE	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	S	<input type="checkbox"/> Delete
NAME	SNOLL, BERNICE	
STREET ADDRESS	3455 NORTHERN BLVD.	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MARRONE, JOAN	
STREET ADDRESS	3908 DUAN AVE	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, DEAN	
STREET ADDRESS	3214 GRAND PRIX BLVD	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLY, MARGE	
STREET ADDRESS	134 LAKE RIDGE DR	
CITY-ST-ZIP	LAKE PLACID FL 33852	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINE, JAMES	
STREET ADDRESS	309 LOON AVE	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNOLL, BERNICE	
STREET ADDRESS	3455 NORTHERN BLVD	
CITY-ST-ZIP	LAKE PLACID, FL 33852	
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		
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

Eugene R. Fernisler, Pres.

3/2/00 (863) 385-0797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)