

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90035 027 ****61.25

DOCUMENT # N98000003857

1. Entity Name

ERICKSON WORLD OUTREACH, INC.

Principal Place of Business

Mailing Address

12940 FRINGETREE DR W
 JACKSONVILLE FL 32246

ERICKSON WORLD OUTREACH, INC.
 12940 FRINGETREE DR. W
 JACKSONVILLE FL 32246-1152

2. Principal Place of Business

3. Mailing Address

12940 Fringetree Dr W
 Suite, Apt. #, etc.
 Jacksonville, FL 32246
 City & State

Erickson World Outreach
 Suite, Apt. #, etc.
 12940 Fringetree Dr W
 City & State
 Jax, FL



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

Zip
 32246

Country
 U.S.A

Zip
 32246

Country
 U.S.A

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ERICKSON, DUANE A
 12940 FRINGETREE DR W
 JACKSONVILLE FL 32246

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 as of 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	ERICKSON, DUANE	
STREET ADDRESS	12940 FRINGETREE LN	
CITY-ST-ZIP	JAX FL 32246	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ERICKSON, MELONIE	
STREET ADDRESS	12940 FRINGETREE LN	
CITY-ST-ZIP	JAX FL 32246	
TITLE	T	<input type="checkbox"/> Delete
NAME	ZUPCIL, POLLY	
STREET ADDRESS	P O BOX 1210	
CITY-ST-ZIP	LEVITTOWN PA 19058	
TITLE	T	<input type="checkbox"/> Delete
NAME	CURTIS, ANGEL	
STREET ADDRESS	1700 S. ASPEN	
CITY-ST-ZIP	BROKEN ARROW OK 74012	
TITLE	T	<input type="checkbox"/> Delete
NAME	SIMONIC, NICK	
STREET ADDRESS	8280-8 PRINCETON SQ BLVD	
CITY-ST-ZIP	JAX FL 32256	
TITLE		<input type="checkbox"/> Delete
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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR: E037 (9/99)