

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005591

1. Entity Name

HEPLER INTERNATIONAL MINISTRIES, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90081 030 ****61.25

Principal Place of Business

Mailing Address

100 PINE CREEK TRAIL
ORMOND BCH FL 32174

P.O. BOX 730743
ORMOND BCH FL 32173-0743

2. Principal Place of Business

541 SANDY DAKS BLVD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORMOND BEACH, FL

City & State

Zip

32174

Country

U.S.A.

Zip

Country

4. FEI Number

59-3537119

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HEPLER, LARRY R
100 PINE CREEK TRAIL
ORMOND BCH FL 32174

7. Name and Address of New Registered Agent

Name

LARRY HEPLER

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

541 SANDY DAKS BLVD.

City

ORMOND BCH

FL

Zip Code

32174

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 resigning)

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	P	<input type="checkbox"/> Delete
NAME	HEPLER, LARRY R	
STREET ADDRESS	100 PINE CREEK TRAIL	
CITY-ST-ZIP	ORMOND BCH FL 32174	
TITLE	T	<input type="checkbox"/> Delete
NAME	DEVORE, TIM	
STREET ADDRESS	10 RIO PINAR TRAIL	
CITY-ST-ZIP	ORMOND BCH FL 32174	
TITLE	S	<input type="checkbox"/> Delete
NAME	DEVORE, ELLEN	
STREET ADDRESS	10 RIO PINAR TRAIL	
CITY-ST-ZIP	ORMOND BCH FL 32174	
TITLE	V	<input type="checkbox"/> Delete
NAME	HEPLER, JOY J	
STREET ADDRESS	100 PINE CREEK TRAIL	
CITY-ST-ZIP	ORMOND BCH FL 32174	
TITLE	D	<input type="checkbox"/> Delete
NAME	TYLER, JIM	
STREET ADDRESS	318 WILDWOOD CIR	
CITY-ST-ZIP	TECUMSEH MI 49286	
TITLE	D	<input type="checkbox"/> Delete
NAME	TYLER, JOAN	
STREET ADDRESS	318 WILDWOOD CIR	
CITY-ST-ZIP	TECUMSEH MI 49286	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2000

Date

904-673-8572

Daytime Phone #

CR2E037 (9/99)