

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005591

1. Entity Name

HEPLER INTERNATIONAL MINISTRIES, INC.

FILED

Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90518 047 ****61.25

Principal Place of Business

541 SANDY OAKS BLVD
ORMOND BCH FL 32174
US

Mailing Address

P.O. BOX 730743
ORMOND BCH FL 32173

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3537119

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

HEPLER, LARRY R
541 SANDY OAKS BLVD
ORMOND BCH FL 32174

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 ☐ Delete
NAME HEPLER, LARRY R
STREET ADDRESS 100 PINE CREEK TRAIL
CITY-ST-ZIP ORMOND BCH FL 32174

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME DEVORE, TIM
STREET ADDRESS 10 RIO PINAR TRAIL
CITY-ST-ZIP ORMOND BCH FL 32174

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME DEVORE, ELLEN
STREET ADDRESS 10 RIO PINAR TRAIL
CITY-ST-ZIP ORMOND BCH FL 32174

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Delete
NAME HEPLER, JOY J
STREET ADDRESS 100 PINE CREEK TRAIL
CITY-ST-ZIP ORMOND BCH FL 32174

TITLE ☒ Change ☐ Addition
NAME KATIE McDONALD
STREET ADDRESS 124 LIVE OAK AVE., Apt 11
CITY-ST-ZIP DAYTONA BEACH, FL 32114

TITLE D ☐ Delete
NAME TYLER, JIM
STREET ADDRESS 318 WILDWOOD CIR
CITY-ST-ZIP TECUMSEH MI 49286

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME TYLER, JOAN
STREET ADDRESS 318 WILDWOOD CIR
CITY-ST-ZIP TECUMSEH MI 49286

TITLE ☐ Change ☐ 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-01
Date

904 673 8572
Daytime Phone #

CR2E037 (10/00)