

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006019

1. Entity Name

INTERNATIONAL MERCY INC.

Principal Place of Business

5827 ELMHURST RD.  
W. PALM BCH FL 33417

Mailing Address

PO BOX 21732  
WEST PALM BEACH FL 33416

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

EIFERT, ESTER  
5827 ELMHURST RD.  
W. PALM BCH FL 33417

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	EIFERT, ESTHER	
STREET ADDRESS	5827 ELMHURST RD.	
CITY-ST-ZIP	W. PALM BCH FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	EIFERT, KEVIN	
STREET ADDRESS	5827 ELMHURST RD.	
CITY-ST-ZIP	W. PALM BCH FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORENO, GERMAN	
STREET ADDRESS	2853 CROSLY DR., WEST#E	
CITY-ST-ZIP	W. PALM BCH FL 33415	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	RICHARD LODWICK	
STREET ADDRESS	2641 GATELY DR.W.#101	
CITY-ST-ZIP	W.PALM BEACH, FL. 33415	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

RICHARD LODWICK  
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/04/01 561-964-5356

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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FILED  
Jan 19, 2001 8:00 am  
Secretary of State

01-19-2001 90061 004 \*\*\*\*61.25