

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006042

1. Entity Name

LANDMARK MINISTRIES, INC.

Principal Place of Business

2315 W. GRIFFIN RD., UNIT 6
LEESBURG FL 34748

Mailing Address

2315 W. GRIFFIN RD., UNIT 6
LEESBURG FL 34748-3338

2. Principal Place of Business

1902 SOUTH ST.

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Leesburg, FL

City & State

Leesburg, FL

Zip

Country

34748 USA

Zip

Country

4. FEI Number

59-3479637

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'FARRELL, SHARON
2315 W. GRIFFIN RD., UNIT 6
LEESBURG FL 34748

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 PD
NAME O'FARRELL, SHARON
STREET ADDRESS 2315 W. GRIFFIN RD., UNIT 6
CITY-ST-ZIP LEESBURG FL 34748 ☐ Delete

TITLE VD
NAME O'FARRELL, ROBERT A
STREET ADDRESS 2315 W. GRIFFIN RD., UNIT 6
CITY-ST-ZIP LEESBURG FL 34748 ☐ Delete

TITLE STD
NAME MYER, KRISTEN G
STREET ADDRESS 2315 W. GRIFFIN RD., UNIT 6
CITY-ST-ZIP LEESBURG FL 34748 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

1-16-00 352-365-0333

Date

Daytime Phone #

CR2E037 (9/99)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90175 007 ****61.25

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DO NOT WRITE IN THIS SPACE