

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006520

1. Entity Name

MERCY MEDICAL MISSION INTERNATIONAL, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90056 009 ****61.25

Principal Place of Business

Mailing Address

54 SCHOONER DRIVE
PALM HARBOR FL 34683

54 SCHOONER DRIVE
PALM HARBOR FL 34683-3447

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3541019

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAWKINSON, DON
54 SCHOONER DRIVE
PALM HARBOR FL 34683

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:
FEES 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 D ☐ Delete
NAME SCOTT, W BRADFORD
STREET ADDRESS 327 BONNIE BRAE
CITY-ST-ZIP HINSDALE IL 60521

TITLE ☐ Change ☒ Addition
NAME Hayes, Peter
STREET ADDRESS 9438 'SILHOUETTE' LANE
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE D ☐ Delete
NAME CHAPLIN, THOMAS
STREET ADDRESS 4906 HAVENHILL DRIVE
CITY-ST-ZIP SIOUX FALLS SD 57110

TITLE ☐ Change ☒ Addition
NAME Swedberg, PAUL
STREET ADDRESS 100 WATER OAK WAY
CITY-ST-ZIP OLDSMAR, FL 34677

TITLE D ☐ Delete
NAME GENZ, JOHN
STREET ADDRESS 10254 S STATE HWY 83
CITY-ST-ZIP FRANKTOWN CO 80116

TITLE ☐ Change ☒ Addition
NAME Scott, Michelle
STREET ADDRESS 327 BONNIE BRAE
CITY-ST-ZIP HINSDALE, IL 60521

TITLE D ☐ Delete
NAME GRUENBERG, WESLEY
STREET ADDRESS 6167 TYMBURY DRIVE
CITY-ST-ZIP LISLE IL 60532

TITLE ☐ Change ☒ Addition
NAME Genz, Beth
STREET ADDRESS 10254 S. State Hwy. 83
CITY-ST-ZIP FRANKTOWN, CO. 80118

TITLE D ☐ Delete
NAME HODSON, RICHARD
STREET ADDRESS 10330 MCLEAN AVE
CITY-ST-ZIP MELROSE IL 60164

TITLE ☒ Change ☒ Addition
NAME HAWKINSON, RUTH
STREET ADDRESS GOLINDA JENKINS CPA
CITY-ST-ZIP P.O. Box 7625 Clearwater, FL 33756

TITLE PD ☐ Delete
NAME HAWKINSON, DON
STREET ADDRESS 54 SCHOONER DRIVE
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE ☒ Change ☐ Addition
NAME PD.
STREET ADDRESS HAWKINSON, DON
CITY-ST-ZIP GOLINDA JENKINS CPA
P.O. Box 7625 Clearwater, FL 33756

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:

Don Hawkinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727 449-9311
4/17/00 360 939-0444
Date Daytime Phone #

CR2E037 (9/99)