

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002789

1. Entity Name

REAL LIFE MINISTRIES, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90070 022 ****61.25

Principal Place of Business

6701 17TH STREET SOUTH
ST. PETERSBURG FL 33712

Mailing Address

6701 17TH STREET SOUTH
ST. PETERSBURG FL 33712-5905

2. Principal Place of Business

8314 Archwood Circle

3. Mailing Address

8314 Archwood Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FLORIDA

4. FEI Number

Applied For

☒ Not Applicable

Zip

33615

Country -

Zip

33615

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 DP ☐ Delete
NAME BALLANTNE, SCOT B
STREET ADDRESS 6701 17TH STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33712

TITLE ☒ Change ☐ Addition
NAME 8314 Archwood Circle
STREET ADDRESS TAMPA FL 33615
CITY-ST-ZIP

TITLE SVD ☐ Delete
NAME BALLANTNE, SUSAN B
STREET ADDRESS 6701 17TH STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33712

TITLE ☒ Change ☐ Addition
NAME 8314 Archwood Circle
STREET ADDRESS TAMPA FLORIDA 33615
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DEAN, JAMES
STREET ADDRESS 6701 17TH STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33712

TITLE ☒ Change ☐ Addition
NAME 8907 WATERWAY DR
STREET ADDRESS TAMPA, FL 33635
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Scott Ballantyne*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/4/00

813-886-2536

CR2E037 (9/99)