

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90010 001 ****61.25

DOCUMENT # N99000002836

1. Entity Name

BASYE MINISTRIES, INC.

Principal Place of Business

**175 5TH STREET SOUTH
 NAPLES FL 34106-1977**

Mailing Address

**PO BOX 1977
 NAPLES FL 34106-1977**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0197129

Applied For

Not Applicable

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

**BASYE, DOYNE S
 175 5TH STREET SOUTH
 NAPLES FL 34106-1977**

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 ☐ Delete
 NAME **P**
 STREET ADDRESS **BASYE, DOYNE S**
 CITY-ST-ZIP **175 5 STREET SOUTH
 NAPLES FL 34102**

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **GIBBS, WILL**
 CITY-ST-ZIP **525 2 AVENUE SOUTH
 NAPLES FL 34102**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **MILLER, STEVE**
 CITY-ST-ZIP **760 PARK SHORE DRIVE
 NAPLES FL 34103**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **KOWALSKI, JAY**
 CITY-ST-ZIP **388 1 AVE SOUTH
 NAPLES FL 34102**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BARKER, JAMES**
 CITY-ST-ZIP **336 1 AVENUE NORTH
 NAPLES FL 34102**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3275 SPRING HILL PARKWAY #705**
 CITY-ST-ZIP **SMYRNA, GA. 30080**

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

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

TITLE ☐ Change ☐ Addition
 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: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-01

Date

941-643-7061

Daytime Phone #

CR2E037 (10/00)