

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003590

1. Entity Name

GEORGE ELLESON MINISTRIES INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90007 043 ****61.25

Principal Place of Business

4713 NW 4 COURT
PLANTATION FL 33317

Mailing Address

4713 NW 4 COURT
PLANTATION FL 33317-2018

2. Principal Place of Business

4713 NW 4 CT

3. Mailing Address

4713 NW 4 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANTATION FLORIDA

City & State

PLANTATION FLORIDA

Zip

33317

Country

BROWARD

Zip

33317

Country

BROWARD

4. FEI Number

☒ 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

ELLESON, GEORGE
4713 NW 4 COURT
PLANTATION FL 33317

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 PD ☐ Delete
NAME ELLESON, GEORGE
STREET ADDRESS 4713 NW 4 COURT
CITY-ST-ZIP PLANTATION FL 33317

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

TITLE SD ☐ Delete
NAME ELLESON, ELETHA
STREET ADDRESS 4713 NW 4 COURT
CITY-ST-ZIP PLANTATION FL 33317

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

TITLE TD ☐ Delete
NAME REID, NELL
STREET ADDRESS 4713 NW 4 COURT
CITY-ST-ZIP PLANTATION FL 33317

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
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-00 Date

954 5831746 Daytime Phone #

CR2E037 (9/99)