

# 2000 UNIFORM BUSINESS REPORT (UBR)

3

DOCUMENT # N99000004352

1. Entity Name

LUKE INTERNATIONAL MINISTRIES, INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90086 035 \*\*\*\*61.25

Principal Place of Business

7221 ALOMA AVE.,STE.400B  
ORLANDO FL 32792

Mailing Address

7221 ALOMA AVE.,STE.400B  
ORLANDO FL 32792-7119



DO NOT WRITE IN THIS SPACE

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

59-3326430

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALILIN, E. ROGER MD  
7221 ALOMA AVE.,STE.400B  
ORLANDO FL 32792

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  
NAME

STREET ADDRESS  
CITY-ST-ZIP

P.D.  
ALILIN, E. ROGER  
7221 ALOMA AVENUE  
WINTER PARK, FL 32792

☐ Delete

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

DIRECTOR  
E. ROGER ALILIN JR.  
625 BROOKWOOD LN.  
MAITLAND, FLA 32751

☐ Delete

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

DIRECTOR  
ROBERT WUNDERLICH  
14206 SUN RIVER AVE.  
ORLANDO, FLA 32828

☐ Delete

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

DIRECTOR  
ROSARIO ALILIN  
625 BROOKWOOD  
MAITLAND FLA 32751

☐ Delete

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

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  
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

E. ROGER ALILIN

01/MAR/2000 4076572111

Date

Daytime Phone #

CR2E037 (9/99)