

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N99000005408**

1. Entity Name

**JORDAN MINISTRIES, INC.**

Principal Place of Business

Mailing Address

**5415 SHAKESPEARE DRIVE  
DOVER FL 33527****5415 SHAKESPEARE DRIVE  
DOVER FL 33527**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3599085**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**JORDAN, MARK F  
5415 SHAKESPEARE DRIVE  
DOVER FL 33527**

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  
After September 12, 2001, min. will be \$236.25**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	PD	<input type="checkbox"/> Delete
NAME	JORDAN, MARK F	
STREET ADDRESS	5415 SHAKESPEARE DRIVE	
CITY-ST-ZIP	DOVER FL 33527	

TITLE	STD	<input type="checkbox"/> Delete
NAME	JORDAN, HERBERTA H	
STREET ADDRESS	5415 SHAKESPEARE DRIVE	
CITY-ST-ZIP	DOVER FL 33527	

TITLE	D	<input type="checkbox"/> Delete
NAME	LEINO, LYNN J	
STREET ADDRESS	510 BRYAN CIRCLE	
CITY-ST-ZIP	BRANDON FL 33511	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Mark F Jordan*

7/17/01 813-787-6023

**FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90023 014 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)