2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## DOCUMENT # N99000006469 May 22, 2000 8:00 am 1. Entity Name Secretary of State LEADER SERVANT INTERNATIONAL, INC. 04-24-2000 90132 032 \*\*\*\*61.25 Principal Place of Business Mailing Address 256 PRAIRIE DUNE WAY 256 PRAIRIE DUNE WAY ORLANDO FL 32828-8857 ORLANDO FL 32828 3. Mailing Address 2. Principal Place of Business P.O. Box =780366 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State Orlando, Florida Not Applicable 31**-1**696802 \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 32878-0366 USA 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) BANFIELD, THOMAS E 256 PRAIRIE DUNE WAY ORLANDO FL 32828 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. (66/6)Addition [ ☐ Delete □ Change TITLE TITLE President NAME Thomas E. Banfield NAME CR2E037 STREET ADDRESS "D" STREET ADDRESS 256 Prairie Dune Way CITY-ST-ZIP CITY-ST-ZIF O<del>rlando, Florida 32828</del> ☐ Addition Change TITLE ☐ Defete Title Treasurer NAME NAME Richard L. Durant STREET ADDRESS STREET ADDRESS nDn 5640 Dumbarton Avenue CITY-ST-ZIP CITY-ST-ZIP <del>San Bernardino, California</del> Addition TITLE ☐ Delete TITLE Director NAME NAME J. Roger Bruehl STREET ADDRESS STREET ADDRESS $^{\prime\prime}D^{\prime\prime}$ 4742 Manteo Circle CITY-ST-ZIP CITY-ST-ZIP Orlando, Florida 32837 ☐ Addition ☐ Change TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Oelete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITL F Change Addition ☐ Dølete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. QUIREThomas E. Banfield April 18, 2000 (407)382-7952

TED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date