

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90038 004 ****61.25

DOCUMENT # N99000007164

1. Entity Name

MISSION: HAITI, INC.

Principal Place of Business

Mailing Address

**921 GLEN ABBEY CIRCLE
WINTER SPRINGS FL 32708****921 GLEN ABBEY CIRCLE
WINTER SPRINGS FL 32708**

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

59-3599396

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

**FINK, GARY L
921 GLEN ABBEY CIR.
WINTER SPRINGS FL 32708**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
PD	FINK, GARY L	921 GLEN ABBEY CIRCLE	WINTER SPRINGS FL 32708	☐
VD	WILLS, CARLA	6725 16TH PLACE N.	ST. PETERSBURG FL 33710	☒
TD	ROENFELDT, HELEN	7601 S.W. 39TH STREET	DAVE FL 33328	☐
SD	BRINK, MARYBETH	8535 SNOWFLAKE DRIVE	ORLANDO FL 32818	☐
				☐
				☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
	VD Karen Smith	750 NW 23rd Ln	Okeechobee, FL 34972	☒	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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

Date

Daytime Phone #

1/9/01 407-977-0071

CR2E037 (10/00)