

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90185 037 \*\*\*\*70.00

**DOCUMENT # P10458**

1. Entity Name

**BURNHAM MINISTRIES INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

2082 NW 19 WAY  
 BOCA RATON FL 33431

2082 NW 19 WAY  
 BOCA RATON FL 33431

00010013



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**34-6562555**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BURNHAM, DAVID L.**  
**2082 N.W. 19TH WAY**  
**BOCA RATON FL 33431**

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  Delete  
 NAME **D**  
 STREET ADDRESS **SCHOENFELD, ROBERT**  
 CITY-ST-ZIP **PO BOX 97 MAINEVILLE OH 45039**

TITLE  Change  Addition  
 NAME **BURNHAM, JONATHAN**  
 STREET ADDRESS **3326 RANGE CT.**  
 CITY-ST-ZIP **MASON, OH 45040**

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **MORELOCK, JOHN**  
 CITY-ST-ZIP **9550 PONDSIDE CT CINCINNATI OH 45241**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **RYBKA, LAWRENCE**  
 CITY-ST-ZIP **2296 GOLF BROOK DRIVE WELLINGTON FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **SIEGENTHALER, HAROLD**  
 CITY-ST-ZIP **1214 OAK KNOLL DR AKRON OH**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **P**  
 STREET ADDRESS **BURNHAM DAVID**  
 CITY-ST-ZIP **2082 NW 19TH WAY BOCA RATON FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **ST**  
 STREET ADDRESS **BURNHAM, SUE**  
 CITY-ST-ZIP **2082 NW 19TH WAY BOCA RATON FL**

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:

*DAVID L. BURNHAM*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DAVID L. BURNHAM 1-17-02 561 997 9878**

Date

Daytime Phone #

CR2E037 (9/01)