

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P34586

1. Entity Name

REEL TO REAL MINISTRIES, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90109 043 \*\*\*\*61.25

Principal Place of Business

1925 FOX QUARRY  
CANTONEMENT FL 32533  
US

Mailing Address

1925 FOX QUARRY  
CANTONEMENT FL 32533-4602  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

54-1365314

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

HOLMBERG, ERIC  
1909 FOX QUARRY CIRCLE  
CANTONEMENT FL 32533

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 ☐ Delete  
PD HOLMBERG, ERIC  
STREET ADDRESS 1909 FOX QUARRY CIR.  
CITY-ST-ZIP CANTONEMENT FL 32533

TITLE NAME ☐ Delete  
VD FITZGERALD, ROBERT  
STREET ADDRESS 420 W 21ST ST  
CITY-ST-ZIP KEARNEY NE 68847

TITLE NAME ☐ Delete  
S HOLMBERG, RONDA  
STREET ADDRESS 5722 WILLIAMSBURG  
CITY-ST-ZIP CANTONEMENT FL 32533

TITLE NAME ☐ Delete  
T BRADY, CLARK  
STREET ADDRESS 5722 WILLIAMSBURG DR.  
CITY-ST-ZIP NORCROSS GA 30093

TITLE NAME ☐ Delete  
VP HOCEVAR, JOHN  
STREET ADDRESS 809 VILLAGE TRAILS  
CITY-ST-ZIP GATES MILLS OH 44040

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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 another like empowered.

SIGNATURE:

*Eric Holmberg* 1/17/00 850-968-6380  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)