

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000088828

1. Entity Name

GLOBAL OUTREACH, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90062 001 ***150.00

Principal Place of Business

Mailing Address

1071 ENCOURTE GREEN
APOPKA FL 32712

14410 RANEY'S LANE
ORLAND PARK IL 60462-1954
US

2. Principal Place of Business

232 MISTY OAKS Ct

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LEXINGTON, SC

City & State

4. FEI Number

59-3410072

Applied For

Not Applicable

Zip

29072

Country

USA

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

VISSCHER, JONATHAN E
2631-B N.W. 41ST STREET
GAINESVILLE FL 32606

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	VISSCHER, JONATHAN	
STREET ADDRESS	1500 NW 16TH AVE #279	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	D	<input type="checkbox"/> Delete
NAME	VISSCHER, E. MARIE	
STREET ADDRESS	1071 ENCOURTE GREEN	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEERY, J. JEFFREY	
STREET ADDRESS	2615 VIA TUSCANY	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEHMEIER, ELISE	
STREET ADDRESS	14410 RANEYS LANE	
CITY-ST-ZIP	ORLAND PARK IL 60462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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 checked="" type="checkbox"/> Addition
NAME	D MAXWELL, RACHEL	
STREET ADDRESS	232 MISTY OAKS CT	
CITY-ST-ZIP	LEXINGTON SC 29072	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAXWELL, RICHARD	
STREET ADDRESS	232 MISTY OAKS Ct	
CITY-ST-ZIP	LEXINGTON SC 29072	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/2000

Date

888-357-2711

Daytime Phone #

CR2E034 (9/99)