

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000001668

1. Entity Name

CHRISTIAN LAW ASSOCIATION, INC.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90027 026 ****61.25

Principal Place of Business

Mailing Address

PO BOX 4010
SEMINOLE FL 33775
US

PO BOX 4010
SEMINOLE FL 33775-4010
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

34-1245065

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

GIBBS III, DAVID C ESQ.
GIBBS & CRAZE, P.A.
5666 SEMINOLE BLVD., STE. 2
SEMINOLE FL 33772

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	CPV	<input type="checkbox"/> Delete
NAME	GIBBS, DAVID C. JR	
STREET ADDRESS	17535 ROSBOUGH DR STE 212	
CITY-ST-ZIP	MIDDLEBURG HTS OH 44130	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRAZE, CHARLES E	
STREET ADDRESS	1550 EL CAMINO-REAL, SUITE-220	
CITY-ST-ZIP	MENLO PARK CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIBBS, DAVID C SR.	
STREET ADDRESS	520 JOHN'S PASS AVE.	
CITY-ST-ZIP	MADEIRA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIBBS, GLORIANNE	
STREET ADDRESS	5666 SEMINOLE BLVD 2	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	GIBBS, DAVID C III	
STREET ADDRESS	5666 SEMINOLE BLVD 2	
CITY-ST-ZIP	SEMINOLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00 (727)
399-8300
Date Daytime Phone #