2001 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

UCC RECUISITEVE LAWS

Date

Daytime Phone #

Apr 14, 2001 8:00 am Secretary of State **DOCUMENT # N08768** 04-14-2001 90028 020 ****70.00 BIG PINE CHRISTIAN CENTER, INC. Principal Place of Business Mailing Address 100 COUNTY RD 100 COUNTY ROAD 34010 + BIG PINE FL 33043 BIG PINE FL 33043 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2592299 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Mitchell J. Cook Street Address (P.O. Box Number is Not Acceptable) 3706 N. Rocs Sevelt Blud VURAL, EROL M MILE MARKER 25, US HWY 1 BARNETT BANK, 2ND FL Zip Code 33040 SUMMERLAND KEY FL 33042 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. Mitchell J. Cook Signature, typed or printed name of registered agent and title it applicable. (NOTE: Backward 1 FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition PD ☐ Delete TITLE ☐ Change TITLE NAME NAME LAWES, STEVE STREET ADDRESS STREET ADDRESS 2361 PENSACOLA ROAD CITY-ST-7IP CITY-ST-ZIP **BIG PINE KEY FL** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME **BOWES, LAURENCE** NAME STREET ADDRESS STREET ADDRESS PO BOX 430734 CITY-ST-ZIP CITY-ST-ZIP BIG PINE KEY FL 33043 Delete ☐ Change Addition TITLE TITLE WAHLGREN, TOM NAME NAME STREET ADDRESS STREET ADDRESS 29980 BALSA LANE CITY-ST-ZIP CITY-ST-ZIP BIG PINE KEY FL TITLE ☐ Delete ☐ Addition UNDERWOOD, BILL STREET ADDRESS P.O. BOX 517 N/A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUMMERLAND KEY FL TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS 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 reports 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.