

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90073 050 \*\*\*\*70.00

**DOCUMENT # N10924**

1. Entity Name

**FLORIDA CHRISTIAN UNIVERSITY, INC.**

Principal Place of Business

6131 SAINT IVES BLVD.  
 ORLANDO FL 32819  
 US

Mailing Address

6131 SAINT IVES BLVD.  
 ORLANDO FL 32819-4633  
 US

2. Principal Place of Business

**1516 E Colonial Dr.**

3. Mailing Address

**1516 E Colonial Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Orlando, FL**

City & State  
**Orlando, FL**

4. FEI Number

**59-3085435**

Applied For

Not Applicable

Zip  
~~32803~~ - **4733**

Country  
**USA**

Zip  
~~32803~~ - **4733**

Country  
**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PORTIGLIATTI, FERNANDA**  
**6131 SAINT IVES BLVD.**  
**ORLANDO FL 32819**

7. Name and Address of New Registered Agent

Name  
**George Hodges, EA**

Street Address (P.O. Box Number is Not Acceptable)  
**250 S CR 427, Suite 116**

City  
**Longwood**

**FL**

Zip Code  
**32750**

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

*George Hodges*

**George Hodges, EA**

**4/6/00**

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	PCD	<input checked="" type="checkbox"/> Delete
NAME	AGOSTO, ERIC JAMES	
STREET ADDRESS	1453 LUND AVENUE	
CITY-ST-ZIP	KISSIMEE FL 34741	
TITLE	DT	<input type="checkbox"/> Delete
NAME	DE OLIVEIRA, ANTONIO C.B.	
STREET ADDRESS	2302 BENT BOW DR.R	
CITY-ST-ZIP	GARLAND TX 75044	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PORTIGLIATTI, ANTONIO B	
STREET ADDRESS	6131 SAINT IVES BLVD.	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, JERRY	
STREET ADDRESS	1609 PINE BROOK DR.	
CITY-ST-ZIP	EVANSVILLE IN 47712	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AGOSTA, MELISSA I JR.	
STREET ADDRESS	1453 LUND AVE.	
CITY-ST-ZIP	KISSIMEE FL 34741	
TITLE	D	<input type="checkbox"/> Delete
NAME	PORTIGLIATTE, FERNANDA G	
STREET ADDRESS	6131 SAINT IVES BLVD.	
CITY-ST-ZIP	ORLANDO FL 32819	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PCD	<input checked="" 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		

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: **SKIPPED SIGNATURE REQUIRED**

**407-246-0038**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)