

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90020 037 ****70.00

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DOCUMENT # N10924
 1. Entity Name
FLORIDA CHRISTIAN UNIVERSITY, INC.

Principal Place of Business Mailing Address
 6131 SAINT IVES BLVD. 6131 SAINT IVES BLVD.
 ORLANDO FL 32819 ORLANDO FL 32819
 US US

2. Principal Place of Business 3. Mailing Address
1516 E. COLONIAL DR. **6131 SAINT IVES BLVD.**

Suite, Apt. #, etc. Suite, Apt. #, etc.
STE. 101

City & State City & State
ORLANDO, FL **ORLANDO, FL**

Zip Country Zip Country
32803-4733 **USA** **32819** **USA**

4. FEI Number Applied For
59-3085435 Not Applicable

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
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PORTIGLIATTI, ANTONIO B. 6131 SAINT IVES BLVD. ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DE OLIVEIRA, ANTONIO CARLOS C.B. 2302 BENT BOW DR. GARLAND, TX 75044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SHINDOLL, FLORALEE ANN 4601 JUDY CT. ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY, DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PORTIGLIATTI, FERNANDA G. 6131 SAINT IVES BLVD. ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition URICH, BRUCE W.H. 2142 BONANZA AVE. WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or other like empowered.

SIGNATURE: Antonio B. Portigliatti **REQUIRED** ANTONIO B. PORTIGLIATTI 4/13/2001 407-896-0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)