


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90060 002 ****70.00

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



Principal Place of Business
**1516 E COLONIAL DRIVE
SUITE 101
ORLANDO FL 32803-4733
US**

Mailing Address
**6131 SAINT IVES BLVD.
ORLANDO FL 32819
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-3085435** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> Delete
NAME SHINDOLL, FLORALEE ANN	
STREET ADDRESS 4601 JUDY CT	
CITY-ST-ZIP ORLANDO FL 32839	
TITLE P	<input type="checkbox"/> Delete
NAME PORTIGLIATTI, ANTONIO B	
STREET ADDRESS 6131 SAINT IVES BLVD.	
CITY-ST-ZIP ORLANDO FL 32819	
TITLE D	<input type="checkbox"/> Delete
NAME URICH, BRUCE W.H.	
STREET ADDRESS 2142 BONANZA AVENUE	
CITY-ST-ZIP WINTER PARK FL 32792	
TITLE SD	<input type="checkbox"/> Delete
NAME PORTIGLIATTI, FERNANDA G	
STREET ADDRESS 6131 SAINT IVES BLVD.	
CITY-ST-ZIP ORLANDO FL 32819	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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"/> 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	

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 OF PRESIDENT AND CHANCELLOR* 04 08 2003 407.896.0101

CR2E037 (10/02)