

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 838822**

1. Entity Name

**WORLD LITERATURE CRUSADE, INC.**

Principal Place of Business

**7899 LEXINGTON DR.  
P. O. BOX 35930  
COLORADO SPRINGS CO 80920**

Mailing Address

**PO BOX 35930  
COLORADO SPRINGS CO 80935**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**23-7093281**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MCGEHEE, THOMAS R.  
3350 PHILLIPS HWY.  
JACKSONVILLE FL 32207**

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>AS</b>	<b>EASTMAN, DEE</b>	<b>7899 LEXINGTON DR. COLORADO SPRINGS CO 80920</b>	

	<b>PD</b>	<b>EASTMAN, RICHARD</b>	<b>7899 LEXINGTON DRIVE COLORADO SPRINGS CO 80920</b>	<input type="checkbox"/> Delete
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	<b>TD</b>	<b>AYERS, DAVID</b>	<b>8355 EVANGELINE ROAD BEAUMONT TX 77706</b>	<input type="checkbox"/> Delete
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	<b>CD</b>	<b>DUDA, ANDY L.</b>	<b>P.O. BOX 257 N/A OVEIDO FL 32765</b>	<input type="checkbox"/> Delete
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	<b>VD</b>	<b>FALLENTINE, BRAD</b>	<b>7899 LEXINGTON DR. COLORADO SPRINGS CO 80920</b>	<input type="checkbox"/> Delete
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	<b>VC</b>	<b>MCGEHEE, THOMAS R.</b>	<b>3350 PHILLIPS HIGHWAY JACKSONVILLE FL 32247</b>	<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

**4-9-01 719-260-8888**

Daytime Phone #

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90056 045 \*\*\*\*61.25

**00036156**

DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)