

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719516

1. Entity Name

CHRIST CENTER OF CENTRAL FLORIDA, INC.

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90152 027 \*\*\*\*61.25

Principal Place of Business

1410 SE 48TH AVE  
OCALA FL 34471  
US

Mailing Address

1410 SE 48TH AVE  
OCALA FL 34471  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6249291

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KING, GEORGE  
1410 SE 48TH AVE  
OCALA FL 34471

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**  
**After September 13, 2000 min. will be \$236.25**

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 P  
NAME KING, GEORGE ☐ Delete  
STREET ADDRESS 1410 SE 48TH AVE  
CITY-ST-ZIP Ocala FL

TITLE D  
NAME KING, GARY ☐ Delete  
STREET ADDRESS 5931 SW 62ND PL  
CITY-ST-ZIP Ocala FL

TITLE D  
NAME MOTT, HOWARD ☐ Delete  
STREET ADDRESS 5918 C-575  
CITY-ST-ZIP BUSHNELL FL

TITLE D  
NAME DINKINS, LEWIS E. ☐ Delete  
STREET ADDRESS 201 NE 8 AVE ST #100  
CITY-ST-ZIP Ocala FL

TITLE D  
NAME OPP, AL D ☐ Delete  
STREET ADDRESS P O BOX 341 N/A  
CITY-ST-ZIP OXFORD FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)