

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723099

1. Entity Name

LIBERTY CHRISTIAN UNIVERSITY, INC.

Principal Place of Business

8600 HWY 98 W  
PENSACOLA FL 32506  
US

Mailing Address

8600 HWY 98 W  
PENSACOLA FL 32506-8915  
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

59-1386111

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIPSCOMB, BUFORD  
6003 CHANDELLE CIR  
PENSACOLA FL 32507

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

4/23/00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME LIPSCOMB, BUFORD  
STREET ADDRESS 6003 CHANDELLE CIR  
CITY-ST-ZIP PENSACOLA FL 32507

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

TITLE SD  
NAME HARRIS, JOHN  
STREET ADDRESS 1801 GRUNDY STREET  
CITY-ST-ZIP PENSACOLA FL

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

TITLE TD  
NAME MAYES, JR R  
STREET ADDRESS 5076 CHANDELLE, DR  
CITY-ST-ZIP PENSACOLA FL 32507

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ 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

Daytime Phone #

FILED  
May 05, 2000 8:00 am  
Secretary of State

05-05-2000 90106 041 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)