

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 06, 2001 8:00 am**  
**Secretary of State**

0017423

04-06-2001 90055 033 \*\*\*\*61.25

**DOCUMENT # 723099**

1. Entity Name

**LIBERTY CHRISTIAN UNIVERSITY, INC.**

Principal Place of Business

Mailing Address

8600 HWY 98 W  
 PENSACOLA FL 32506  
 US

8600 HWY 98 W  
 PENSACOLA FL 32506  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1386111**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**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 NAME	PD LIPSCOMB, BUFORD	<input type="checkbox"/> Delete
STREET ADDRESS	6003 CHANDELLE CIR	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE NAME	SD HARRIS, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	1801 GRUNDY STREET	
CITY-ST-ZIP	PENSACOLA FL	
TITLE NAME	TD MAYES, JR R	<input type="checkbox"/> Delete
STREET ADDRESS	5076 CHANDELLE, DR	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	TD Mayes, Jr. Robert	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	31259 Oak Drive	
CITY-ST-ZIP	Orange Beach, AL 36561	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/01 334-981-3771  
 Date Daytime Phone #

CP2E037 (10/00)