

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 723099**

1. Entity Name

**LIBERTY CHRISTIAN UNIVERSITY, INC.****FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90081 003 \*\*\*\*61.25

Principal Place of Business

Mailing Address

8600 HWY 98 W  
PENSACOLA FL 32506  
US8600 HWY 98 W  
PENSACOLA FL 32506  
US

2. Principal Place of Business

**2221 S. Blue Angel Pkwy**

Suite, Apt. #, etc.

3. Mailing Address

**2221 S. Blue Angel Pkwy**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

**Pensacola, FL**

City &amp; State

**Pensacola, FL**

4. FEI Number

**59-1386111**

Applied For

Not Applicable

Zip

Country

**32506**

Zip

Country

**32506**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  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**LIPSCOMB, BUFORD**  
**6003 CHANDELLE CIR**  
**PENSACOLA FL 32507** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD**  
**HARRIS, JOHN**  
**1801 GRUNDY STREET**  
**PENSACOLA FL** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD**  
**MAYES, ROBERT JR**  
**31259 OAK DRIVE**  
**ORANGE BEACH AL 36561** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 #

**1/10/02 850-455-8060**

CR2E037 (9/01)