

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729007

1. Entity Name

VICTORY BAPTIST CHURCH & SCHOOLS, INC.

Principal Place of Business

1309 CR 452
EUSTIS FL 32726

Mailing Address

1309 COUNTRY ROAD 452
EUSTIS FL 32726
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ASHLEY, CHARLES
1600 ALAN DRIVE
EUSTIS FL 32726

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

Charles E. Ashley

1/8/00

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 D ☐ Delete
NAME MOORE, MIKE
STREET ADDRESS 12650 BAY HILL DR
CITY-ST-ZIP LEESBURG FL

TITLE D ☒ Delete
NAME FORRESTER, DAN
STREET ADDRESS 37 FORREST LANE
CITY-ST-ZIP EUSTIS FL 32726

TITLE PD ☐ Delete
NAME ASHLEY, CHARLES
STREET ADDRESS 1600 ALAN DRIVE
CITY-ST-ZIP EUSTIS FL

TITLE T ☐ Delete
NAME GAMAIN, PHILIPPE
STREET ADDRESS 210 W SEMINOLE AVENUE
CITY-ST-ZIP EUSTIS FL

TITLE D ☐ Delete
NAME CHARLTON, KEITH
STREET ADDRESS 912 EDGEWATER DR
CITY-ST-ZIP EUSTIS FL

TITLE D ☐ Delete
NAME STEVERWALD, JIM
STREET ADDRESS 37339 TURNER DR
CITY-ST-ZIP UMATILLA FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME Louis Kulturides
STREET ADDRESS 40 N. Eustis St. #1
CITY-ST-ZIP EUSTIS FL 32726

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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NAME
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:

Charles E. Ashley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90101 050 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1493309 ☐ Applied For ☐ Not Applicable

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

CR2E037 / 9/99