

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90158 020 \*\*\*\*61.25

**DOCUMENT # 739729**

1. Entity Name

**LEESBURG CHRISTIAN CENTER, INC.**

Principal Place of Business

Mailing Address

**2508 WESTSIDE DRIVE  
 LEESBURG FL 34748**

**2508 WESTSIDE DRIVE  
 LEESBURG FL 34748-4615**



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

**59-6045349**

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

**HOLLOWAY, ALEX N.  
 05105 SYDNEY ROAD  
 FRUITLAND PARK FL 34731**

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

*Alex N. Holloway*

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	PDM	<input type="checkbox"/> Delete
NAME	HOLLOWAY, ALEX N.	
STREET ADDRESS	05105 SYDNEY ROAD	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE	VTSD	<input type="checkbox"/> Delete
NAME	HOLLOWAY, W.A.	
STREET ADDRESS	2308 VINE STREET	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	CD	<input type="checkbox"/> Delete
NAME	FORMAN, WILLIAM M	
STREET ADDRESS	35338 LAKE UNITY RD	
CITY-ST-ZIP	FRUITLAND PK FL 34731	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Alex N. Holloway*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/00

Date

352-787-6392

Daytime Phone #

CR2E037 (9/99)