

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90122 050 ****61.25

0082303

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**

U I O U A



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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
**PDM
HOLLOWAY, ALEX N.
05105 SYDNEY ROAD
FRUITLAND PARK FL 34731**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
**VTSD
HOLLOWAY W.A.
1530 South Point Dr.
Leesburg, FL 34748**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
**VTSD
HOLLOWAY, W.A.
~~208 VINE STREET~~ 1530 South Point Dr.
LEESBURG FL 34748 Leesburg, FL 34748**

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
**VTSD
HOLLOWAY W.A.
1530 South Point Dr.
Leesburg, FL 34748**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
FORMAN, WILLIAM M.
35338 LAKE UNITY RD
FRUITLAND PK FL 34731**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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: *William Forman* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-2001 352-787-6392

Date Daytime Phone #

CR2E037 (10/00)