

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741544

1. Entity Name

A CHRISTIAN'S VIEWPOINT, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90119 019 ****70.00

Principal Place of Business

1108 PINE HILLS ROAD
ORLANDO FL 32808
US

Mailing Address

1108 PINE HILLS ROAD
ORLANDO FL 32808
US 1001 Roger William
Apopka, FL 32703

2. Principal Place of Business

1001 Roger William
Apopka

3. Mailing Address

1001 Roger William
Apopka 32703

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip 32703

Country Orange

Zip 76

Country Orange

4. FEI Number

59-1803090

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOOK, JOHN B.
230 W. VENTRIS AVE.
MAITLAND FL

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

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 STD
NAME BOOK, SUE H
STREET ADDRESS 230 VENTRIS
CITY-ST-ZIP MAITLAND FL ☐ Delete

TITLE DP
NAME BOOK, JOHN B.
STREET ADDRESS 230 W VENTRIS AVE
CITY-ST-ZIP MAITLAND FL ☐ Delete

TITLE D
NAME BOOK, JOHN B, JR
STREET ADDRESS 6870 CEDAR LAKE DR
CITY-ST-ZIP PENSACOLA FL 32526 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ 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:

John B. Book
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-00

CR2E037 (9/99)