

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 09, 2001 8:00 am**  
**Secretary of State**

02-09-2001 90771 031 \*\*\*\*61.25

**DOCUMENT # 742957**

1. Entity Name

**CHRISTIAN COUNSELING MINISTRY, INC.**

Principal Place of Business

539 VERSAILLES DRIVE  
 MAITLAND FL 32751

Mailing Address

539 VERSAILLES DRIVE  
 MAITLAND FL 32751

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1903726**

Applied For

Not Applicable

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

HILLARD, LOTTIE  
 650 N DIVISION ST  
 OVIEDO FL 32765

1233 Quintuplet Ct.  
 CASSEL BERRY, FL 32707

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

*Lottie K. Hillard*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*2/05/01*

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 DM  
 STREET ADDRESS HILLARD, LOTTIE  
 CITY-ST-ZIP 650 N DIVISION ST  
 OVIEDO FL 32765 *address change*

TITLE ☒ Change ☐ Addition  
 NAME 1233 Quintuplet Ct  
 STREET ADDRESS CASSEL BERRY, FL 32707  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME REISERT, ROBIN M.  
 STREET ADDRESS 650 N DIVISION ST  
 CITY-ST-ZIP OVIEDA FL 32765 *address change*

TITLE ☒ Change ☐ Addition  
 NAME 1233 Quintuplet Ct  
 STREET ADDRESS CASSEL BERRY FL 32707  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME BROWN, STEVE  
 STREET ADDRESS 901 KENSINGTON GARDEN CT  
 CITY-ST-ZIP OVIEDA FL 32765

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

TITLE ☐ Delete  
 NAME BROWN, ANNA  
 STREET ADDRESS 901 KENSINGTON GARDEN CT  
 CITY-ST-ZIP OVIEDA FL 32765

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 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:

*Lottie K. Hillard* LOTTIE K. HILLARD 2/5/01 (407) 539-0001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8226

CR2E037 (10/00)