

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748042

1. Entity Name

UNITED BIBLE COLLEGE INSTITUTE/THEOLOGICAL SEMIN *R*

FILED
Aug 23, 2000 8:00 am
Secretary of State

08-23-2000 90031 042 ****61.25

Principal Place of Business

Mailing Address

1605 MERCY DRIVE
 P.O. BOX 585284
 ORLANDO FL 32858

P.O. BOX 585284
 ORLANDO FL 32858
 US



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

59-1932623

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

GORDON, REVEREND SAMUEL
 1605 MERCY DRIVE
 ORLANDO FL 32858

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
After September 13, 2000 min. will be \$236.25

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	D	<input type="checkbox"/> Delete
NAME	WEAVER, LEONARD T.	
STREET ADDRESS	2701 S. HICKORY ST.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GORDON, SAMUEL R.	
STREET ADDRESS	1605 MERCY DR.	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONROE, WALTER E. (DR.	
STREET ADDRESS	5506 WESBURY ST	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, SYLVESTER (REV	
STREET ADDRESS	P.O. BOX 429, N/A	
CITY-ST-ZIP	COCOA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, ROXIE (MRS.)	
STREET ADDRESS	4226 W JACKSON ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELLIOTT, JOHN B.	
STREET ADDRESS	2459 BEDFORD AVE.	
CITY-ST-ZIP	BROOKLYN NY 11226	

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

SIGNATURE RE *Samuel R. Gordon*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/18/2000 *407-298-1710*
 Date Daytime Phone #

CR2E037 (5/00)