## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED DOCUMENT # 760821 Feb 28, 2000 8:00 am 1. Entity Name **Secretary of State** CHRIST CATHEDRAL INC. 02-28-2000 90059 001 \*\*\*\*61.25 Principal Place of Business Mailing Address PO BOX 100377 2270 JUPITER BLVD. S.W. PALM BAY FL 32907 PALM BAY FL 32910-0377 2. Principal Place of Business 3. Mailing Address Palm Bay Pd. NE 2115 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Swite 6 E Applied For 4. FEI Number City & State City & State 59-1933325 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32 90S 45 A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) STUTLER, TIM 843 PEMBROKE AVE NE PALM BAY FL 32907 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 1 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Delete TITLE TITI F NAME STUTLER, JANE W NAME STREET ADDRESS STREET ADDRESS 1485 MALIBO CIR NE #108 CITY-ST-ZIP CITY-ST-ZIP PALM BAY, FL 00000 Change Change Addition PCD TITLE TITLE ■ Delete gran A. STUTIER 43 Pembroke AUE NE winter, frederick c NAME NAME 142 W. COURT ST STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP W. MELBOURNE FL n Bay, FL 32907 Change ☐ Addition TITLE VD. ☐ Delete TITLE STUTLER, TIM NAME STREET ADDRESS STREET ADDRESS 843 PEMBROKE AVE NE CITY-ST-ZIF CITY-ST-ZIP PALM BAY FL **Change** noitibbA 🗀 TITI F Delete TITLE JUSTIN C STUTLER 188 SAN JUAN CIR. 4186 WINTER, GENEVIEVE NAME NAME STREET ADDRESS 142 W. COURT ST STREET ADDRESS nelbourne, FL 32935 CITY-ST-ZIP W. MELBOURNE FL CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 SIGNING OFFICER OF DIRECTOR DATE OF SIGNING OFFICER OF DATE OF SIGNING OFFICER OF SIGNING OFFICER OF DATE OF SIGNING OFFICER OF SIGNING OFF