

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 808404

1. Entity Name

THE MOODY BIBLE INSTITUTE OF CHICAGO

Principal Place of Business

Mailing Address

820 N. LASALLE ST.
CHICAGO IL 60610

820 N. LASALLE ST.
CHICAGO IL 60610-3284

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

36-2167792

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

FLORENCE, J. RICHARD
11145 6TH ST. E.
TREASURE ISLAND FL 33706

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BUNDY, STUART M DR	
STREET ADDRESS	7128 YORK DR	
CITY-ST-ZIP	HIGHLAND CA 92346	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELSEN, JOHN	
STREET ADDRESS	7033 CHICKEN IN THE WOODS RD	
CITY-ST-ZIP	THREE LAKES WI 54562	
TITLE	D	<input type="checkbox"/> Delete
NAME	ERICKSON, ROBERT D	
STREET ADDRESS	526 N. WASHINGTON	
CITY-ST-ZIP	HINSDALE IL 60521	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORTSON, THOMAS S JR	
STREET ADDRESS	17852 E. LONG AVE.	
CITY-ST-ZIP	AURORA CO 80016	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILDNER, RICHARD E	
STREET ADDRESS	80 GRANADA DR.	
CITY-ST-ZIP	MASON CITY IA 50401	
TITLE	T	<input type="checkbox"/> Delete
NAME	WATNERLEK, JOHN	
STREET ADDRESS	2 ACORN LANE	
CITY-ST-ZIP	BARRINGTON IL 60010	

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

Robert L. Guntz
Robert L. Guntz, V.P. and General Counsel

1/10/00

312-329-4144

Date

Daytime Phone #

CR2E037 (9/99)