

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 836068

1. Entity Name

CHRISTIAN RECORD SERVICES, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90182 013 ****70.00

Principal Place of Business

Mailing Address

444 S. 52ND ST.
LINCOLN NE 68516

PO BOX 6097
LINCOLN NE 68506-0097
US

XXXXXXXXXX



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

47-0405439

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

EDGEcombe, LARRY
536 PROVIDENCE BLVD.
DELTONA FL 32725

Name

Street Address (P.O. Box Number is Not Acceptable)
1030 Alahambra Street

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:-
FEES ARE \$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	VCT	<input type="checkbox"/> Delete
NAME	SANDEFUR, CHUCK	
STREET ADDRESS	8550 PIONEERS BLVD.	
CITY-ST-ZIP	LINCOLN NE	
TITLE	TC	<input type="checkbox"/> Delete
NAME	RANZOLIN, L S	
STREET ADDRESS	6 AYLESBURY CT.	
CITY-ST-ZIP	SILVER SPRING MD	
TITLE	DP	<input type="checkbox"/> Delete
NAME	PITCHER, LAWRENCE J	
STREET ADDRESS	4444 S. 52ND ST.	
CITY-ST-ZIP	LINCOLN NE	
TITLE	TD	<input type="checkbox"/> Delete
NAME	APPENZELLER, R E	
STREET ADDRESS	15425 AYLESBURG ST.	
CITY-ST-ZIP	SILVER SPRING MD	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HAWKINS, L V	
STREET ADDRESS	4444 S. 52ND ST.	
CITY-ST-ZIP	LINCOLN NE	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GILBERT, COLLEEN	
STREET ADDRESS	4444 S. 52ND ST.	
CITY-ST-ZIP	LINCOLN NE	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8307 Pine Lake Rd.	
CITY-ST-ZIP	Lincoln, NE	
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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/06/2000 (402) 488-0981

Date

Daytime Phone #

CR2E037 (9/99)