# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 13, 2001 8:00 am**
**Secretary of State**
04-13-2001 90056 045 ****61.25

0067986

DOCUMENT # 838822

1. Entity Name

WORLD LITERATURE CRUSADE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 7899 LEXINGTON DR.<br>P. O. BOX 35930<br>COLORADO SPRINGS CO 80920 | PO BOX 35930<br>COLORADO SPRINGS CO 80935 |

0036156

DO NOT WRITE IN THIS SPACE

| 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 23-7093281 ☐ 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 |
|---|---|
| MCGEHEE, THOMAS R.<br>3350 PHILLIPS HWY.<br>JACKSONVILLE FL 32207 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 / NAME / STREET ADDRESS / CITY-ST-ZIP | AS<br>EASTMAN, DEE<br>7899 LEXINGTON DR.<br>COLORADO SPRINGS CO 80920 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>EASTMAN, RICHARD<br>7899 LEXINGTON DRIVE<br>COLORADO SPRINGS CO 80920 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>AYERS, DAVID<br>8355 EVANGELINE ROAD<br>BEAUMONT TX 77706 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CD<br>DUDA, ANDY L.<br>P.O. BOX 257 N/A<br>OVEIDO FL 32765 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>FALLENTINE, BRAD<br>7899 LEXINGTON DR.<br>COLORADO SPRINGS CO 80920 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VC<br>MCGEHEE, THOMAS R.<br>3350 PHILLIPS HIGHWAY<br>JACKSONVILLE FL 32247 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (10/00)

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:** Dee Eastman REQUIRED Dee Eastman 4-9-01 719-260-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #