

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

0079449

04-10-2001 90016 041 *****61.25

DOCUMENT # F98000001008

1. Entity Name

CHRISTIAN CONTRACTORS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~8086 EAGLE DR.~~ **22255 Cortez Blvd.**
 BROOKSVILLE FL ~~34613~~ **34601**

~~8086 EAGLE DR.~~ **22255 Cortez Blvd.**
 BROOKSVILLE FL ~~34613~~ **34601**

2. Principal Place of Business

3. Mailing Address

22255 Cortez Blvd.

22255 Cortez Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brooksville FL

City & State

Brooksville FL

4. FEI Number

57-0972160

Applied For

Not Applicable

Zip

34601

Country

U.S.A.

Zip

34601

Country

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAGER, SCOTT
8086 EAGLE DR.
BROOKSVILLE FL 34613

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

Scott Jager

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/3/01

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	CP	<input type="checkbox"/> Delete
NAME	JAGER, SCOTT	
STREET ADDRESS	8086 EAGLE DR.	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	CV	<input type="checkbox"/> Delete
NAME	HOPKINS, WILLIAM	
STREET ADDRESS	8125 STOCKHOLM ST.	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HOPKINS, BETTY	
STREET ADDRESS	8125 STOCKHOLM ST.	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	DT	<input type="checkbox"/> Delete
NAME	JAGER, SUSAN	
STREET ADDRESS	8086 EAGLE DR.	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Scott Jager
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/01

352-799-7856

Date

Daytime Phone #

CR2E037 (10/00)