

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90038 016 \*\*\*\*50.00

**DOCUMENT # L01000019033**

1. Entity Name

**CHARITABLE GIVING RESOURCE CENTER, LLC**

Principal Place of Business

**453 N. KIRKMAN ROAD, SUITE 101  
 ORLANDO FL 32811**

Mailing Address

**453 N. KIRKMAN ROAD, SUITE 101  
 ORLANDO FL 32811**

2. Principal Place of Business

**453 N. Kirkman Rd**

Suite, Apt. #, etc.

**Suite 101**

City & State

**Orlando, FL**

Zip **32811**

Country

3. Mailing Address

**453 N. Kirkman Rd**

Suite, Apt. #, etc.

**Suite 101**

City & State

**Orlando, FL**

Zip

**32811**

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3760854**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**RAWLS, LOYD H**

**453 N. KIRKMAN ROAD, SUITE 101  
 ORLANDO FL 32811**

7. Name and Address of New Registered Agent

Name

**Loyd H. Rawls**

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

**453 N. Kirkman Road #101**

City

**Orlando**

FL

Zip Code

**32811**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **Manager** ☐ Delete  
 NAME **Loyd H. Rawls**  
 STREET ADDRESS **453 N. Kirkman Road #101**  
 CITY-ST-ZIP **Orlando, FL 32811**

TITLE **Manager** ☐ Delete  
 NAME **Donald Poudron**  
 STREET ADDRESS **453 N. Kirkman Rd #101**  
 CITY-ST-ZIP **Orlando, FL 32811**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*[Signature]* **Loyd H. Rawls**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)