

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90200 044 \*\*\*\*61.25

**DOCUMENT # N00000000161**

1. Entity Name

**THE BRIDE OF CHRIST, INC.**



Principal Place of Business

10502 CLARKSON-OCOE ROAD  
 APOPKA FL 32712

Mailing Address

5565 CINDERLAND PKWY., APT. 190  
 ORLANDO FL 32808

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

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

**STOREY, CHARLES**  
 5565 CINDERLAND PKWY., APT. 190  
 ORLANDO FL 32808

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

*Charles E. Storey*

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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	STOREY, CHARLES	5565 CINDERLAND PKWY. APT. 190	ORLANDO FL 32808	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
V	STOREY, CAROL	5565 CINDERLAND PKWY. APT. 190	ORLANDO FL 32808	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	STEFFIE, RICHARD	5565 CINDERLAND PKWY. APT. 190	ORLANDO FL 32808	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	ROLLAND, LINDA	5565 CINDERLAND PKWY. APT. 190	ORLANDO FL 32808	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	Down-ville 1902 Pegasus Drive Apopka, FL 32703			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	Tom Lile 1902 Pegasus Drive Apopka, FL 32703			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

*Charles E. Storey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-01

Date

407-291-4211

Daytime Phone #

CR2E037 (10/00)