

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90093 010 \*\*\*\*61.25

**DOCUMENT # N00000000966**

1. Entity Name

**UNITED CHRISTIAN GIVING, INC.**

Principal Place of Business

**1560 MATTHEW DRIVE**  
**SUITE H**  
**FORT MYERS FL 33907-1702**

Mailing Address

**1560 MATTHEW DRIVE**  
**SUITE H**  
**FORT MYERS FL 33907-1702**

2. Principal Place of Business

**5845 Riverside Ln.**

Suite, Apt. #, etc.

3. Mailing Address

**5845 Riverside Ln.**

Suite, Apt. #, etc.

City & State

**Ft. Myers FL**

City & State

**Ft. Myers FL**

4. FEI Number

**31-1715273**

Applied For

Not Applicable

Zip

**33919**

Country

**Lee**

Zip

**33919**

Country

**Lee**

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

**HELMERICH, FRANK W**  
**1560 MATTHEW DRIVE**  
**SUITE H**  
**FORT MYERS FL 33907-1702**  
**5845 Riverside Ln.**  
**33919**

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

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 **PD** ☐ Delete  
 NAME **HELMERICH, FRANK W**  
 STREET ADDRESS **1560 MATTHEW DRIVE #H**  
 CITY-ST-ZIP **FORT MYERS FL 33907-1702**

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

TITLE **SD** ☐ Delete  
 NAME **MOORE, LANNY JR.**  
 STREET ADDRESS **1263 COCONUT DRIVE**  
 CITY-ST-ZIP **FORT MYERS FL 33901**

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

TITLE **TD** ☒ Delete  
 NAME **BLACK, GLENN**  
 STREET ADDRESS **1231 WESTFIELD DRIVE**  
 CITY-ST-ZIP **FORT MYERS FL 33919**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 empowerment.

**SIGNATURE:**

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FRANK HELMERICH**

Date

**2-13-2001**

Daytime Phone #

**941-418-0077**

CR2E037 (10/00)