

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000966

1. Entity Name

UNITED CHRISTIAN GIVING, INC.

Principal Place of Business

Mailing Address

5845 RIVERSIDE LANE
FORT MYERS FL 33919

5845 RIVERSIDE LANE
FORT MYERS FL 33919

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

31-1715273

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HELMERICH, FRANK W
1560 MATTHEW DRIVE
SUITE H
FORT MYERS FL 33907-1702

7. Name and Address of New Registered Agent

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

TITLE PD
NAME 5845 Riverside Ln.
STREET ADDRESS Fort Myers, FL 33919
CITY-ST-ZIP V.P. ☒ Change ☐ Addition

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

TITLE V.P.
NAME Richard Pringle
STREET ADDRESS 5761 Palm Beach Blvd
CITY-ST-ZIP Fort Myers, FL 33905 ☒ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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, without being like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1/-2002 941-418-0077

Date

Daytime Phone #

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-08-2002 90159 001 ****61.25

DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)