

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90040 019 \*\*\*\*61.25

**DOCUMENT # N01000000330**

1. Entity Name

**BIBLESTUDY.COM, INC.**

Principal Place of Business

**1500 ATLANTIC BLVD #310  
 KEY WEST FL**

Mailing Address

**P.O. BOX 5430  
 KEY WEST FL 33045**

2. Principal Place of Business

**1500 ATLANTIC #310**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. BOX 5430**

Suite, Apt. #, etc.

City & State

**KEY WEST, FL**

City & State

**KEY WEST, FL**

4. FEI Number

**65-1057786**

Applied For

Not Applicable

Zip

**33040**

Country

**USA**

Zip

**33045**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**DIETZEN, BRUCE  
 1800 ATLANTIC BLVD  
 KEY WEST FL**

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

**Bruce Dietzen BRUCE DIETZEN**

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

(NOTE: Registered Agent signature required when reinstating)

**2-21-02**

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

TITLE **T** ☐ Delete  
 NAME **DIETZEN, BRUCE**  
 STREET ADDRESS **P.O. BOX 5430**  
 CITY-ST-ZIP **KEY WEST FL 33045**

TITLE **T** ☒ Delete  
 NAME **MOORE, RANDALL**  
 STREET ADDRESS **3507 DODGETOWN RD**  
 CITY-ST-ZIP **WALNUT COVE NC 27052**

TITLE **T** ☒ Delete  
 NAME **JESSEE, DIANA**  
 STREET ADDRESS **524 MERMAN RD**  
 CITY-ST-ZIP **KINGPORT TN 37663**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☐ Change ☒ Addition  
 NAME **MICHAEL OSWALD**  
 STREET ADDRESS **28072 CAMELLIA COURT**  
 CITY-ST-ZIP **LAGUNA NIGUEL, CA 92677**

TITLE **T** ☐ Change ☒ Addition  
 NAME **CHRISTOPHER WILDER**  
 STREET ADDRESS **10310 SALIDA DRIVE**  
 CITY-ST-ZIP **AUSTIN, TX 78749**

TITLE **T** ☐ Change ☒ Addition  
 NAME **ALAN NAKAMURA**  
 STREET ADDRESS **18541 FLORA**  
 CITY-ST-ZIP **YORBA LINDA, CA 92886**

TITLE **T** ☐ Change ☒ Addition  
 NAME **JULIA MOORECRAFT**  
 STREET ADDRESS **1800 ATLANTIC BLVD #431**  
 CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE ☐ Change ☐ Addition  
 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 persons empowered.

SIGNATURE:

**BRUCE DIETZEN 2-21-02 561 713-5661**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)