

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01844

1. Entity Name

CHRISTIAN HERITAGE FOUNDATION, INC.

Principal Place of Business

10025 ORANGE GROVE DRIVE
TAMPA FL 33618

Mailing Address

10025 ORANGE GROVE DRIVE
TAMPA FL 33618-4014

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2429663

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRANT, JOHN A., JR.
10025 ORANGE GROVE DRIVE
TAMPA FL 33618

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
GRANT, JOHN A., JR.
10025 ORANGE GROVE DR.
TAMPA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STD
GRANT, BEVERLEY C.
10025 ORANGE GROVE DR.
TAMPA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
GRANT, JOHN A., III
10025 ORANGE GROVE DR.
TAMPA FL 33618

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ODOM, JEANETTE
10025 ORANGE GROVE DR.
TAMPA FL 33618

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

John A. Grant, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90079 012 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)