

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90185 031 \*\*\*\*61.25

**DOCUMENT # N10924**

1. Entity Name

**FLORIDA CHRISTIAN UNIVERSITY, INC.**

Principal Place of Business

**1516 E COLONIAL DRIVE  
 SUITE 101  
 ORLANDO FL 32803-4733  
 US**

Mailing Address

**6131 SAINT IVES BLVD.  
 ORLANDO FL 32819  
 US**

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 **59-3085435**

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

**PORTIGLIATTI, FERNANDA  
 6131 SAINT IVES BLVD.  
 ORLANDO FL 32819**

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 **D** ☐ Delete  
 NAME **SHINDOLL, FLORALEE ANN**  
 STREET ADDRESS **4601 JUDY CT**  
 CITY-ST-ZIP **ORLANDO FL 32839**

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

TITLE **VD** ☒ Delete  
 NAME **DE OLIVEIRA, ANTONIO C.B.**  
 STREET ADDRESS **2302 BENT BOW DR.R**  
 CITY-ST-ZIP **GARLAND TX 75044**

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

TITLE **P** ☐ Delete  
 NAME **PORTIGLIATTI, ANTONIO B**  
 STREET ADDRESS **6131 SAINT IVES BLVD.**  
 CITY-ST-ZIP **ORLANDO FL 32819**

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

TITLE **D** ☐ Delete  
 NAME **URICH, BRUCE W.H.**  
 STREET ADDRESS **2142 BONANZA AVENUE**  
 CITY-ST-ZIP **WINTER PARK FL 32792**

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

TITLE **SD** ☐ Delete  
 NAME **PORTIGLIATTE, FERNANDA G**  
 STREET ADDRESS **6131 SAINT IVES BLVD.**  
 CITY-ST-ZIP **ORLANDO FL 32819**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition  
 TITLE  
 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 empowered.

SIGNATURE:

*Fernanda G. Portigliatti*  
**FERNANDA G. PORTIGLIATTI**

4/17/02

407-896 0101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)