

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 29, 2000 8:00 am**  
**Secretary of State**

06-29-2000 90633 034 \*\*\*\*71.25

**DOCUMENT # N17171**

1. Entity Name

**HEARTLAND CHRISTIAN CENTER, INC.**

*R*

Principal Place of Business

Mailing Address

P.O. BOX 120907  
 CLERMONT FL 34712

P.O. BOX 120907  
 CLERMONT FL 34712-0907

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2804639**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**D'ALESIO, REV. JOHN**  
**827 PARK TRAIL DR**  
**CLERMONT FL 34711**

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

*John D'Alesio*

**John D'Alesio**

**6-22-00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'ALESIO, REV. JOHN	NAME	
STREET ADDRESS	827 PARK TRAIL DR	STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	CITY-ST-ZIP	
TITLE	DVT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'ALESIO, MARY JANE	NAME	
STREET ADDRESS	827 PARK TRAIL DR	STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEELE, MARJORIE C	NAME	
STREET ADDRESS	827 PARK TRAIL DR	STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEELE, IVER C IV	NAME	
STREET ADDRESS	4110 S KIRKMAN RD, #208	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32811	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

*John D'Alesio*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-22-00** <sup>352-</sup> **243-4370**

Date

Daytime Phone #

CR2E037 (9/99)