

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
 04-11-2001 90117 008 ****61.25

DOCUMENT # N49667

1. Entity Name

CHRISTIAN CHARITY RECYCLERS, INC.

Principal Place of Business

**813 N MILLS AVE
 ORLANDO FL 32803**

Mailing Address

**813 N MILLS AVE
 ORLANDO FL 32803**

2. Principal Place of Business

**1124 W. WASHINGTON ST
 Suite, Apt. #, etc.
 ORLANDO**

3. Mailing Address

**1124 W. WASHINGTON ST
 Suite, Apt. #, etc.**

City & State

FL.

City & State

ORLANDO FL

4. FEI Number

59-3153081

Applied For

Not Applicable

Zip

32805

Country

ORANGE

Zip

32805

Country

ORANGE

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SEWELL, WILLIAM
 813 N MILLS AVE
 ORLANDO FL 32803**

7. Name and Address of New Registered Agent

Name

WILLIAM SEWELL

Street Address (P.O. Box Number is Not Acceptable)

1124 W. WASHINGTON ST

City

ORLANDO

FL

Zip Code

32805

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.

WILLIAM SEWELL
 SIGNATURE **William Sewell** *Pres.*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-09-2001

**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 **D** ☐ Delete
 NAME **SEWELL, ROBERT D**
 STREET ADDRESS **720 MOUNT VERNON ST**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **P** ☐ Delete
 NAME **SEWELL, WILLIAM**
 STREET ADDRESS **720 MOUNT VERNON ST**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ Delete
 NAME **SEWELL, JANE**
 STREET ADDRESS **720 MOUNT VERNON STREET**
 CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **D** ☐ Delete
 NAME **BEACH, LORIE**
 STREET ADDRESS **4159 JOHNS COURT**
 CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **D** ☐ Delete
 NAME **BERRY, FRANCES E.**
 STREET ADDRESS **1721 SOUTH ST.**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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 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.

WILLIAM SEWELL
 SIGNATURE: **William Sewell**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 APR 2001 407-481-0453
 Date Daytime Phone #

CR2E037 (10/00)