

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50126

1. Entity Name

DRIVE-IN CHURCHES, INC.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90134 031 \*\*\*\*61.25

Principal Place of Business

Mailing Address

8001 US 19TH NORTH  
PINELLAS PARK FL 33781  
US

P. O. BOX 12345  
ST. PETERSBURG FL 33733-2345  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

PIPPEN, JOSEPH F., JR.  
10225 ULMERTON ROAD  
BUILDING 11  
LARGO FL 34641

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 ☐ Delete  
NAME **D**  
STREET ADDRESS **RALSTON, DONALD**  
CITY-ST-ZIP **2265 VANDERBILT, 1460 CAIRN CT**  
**CLEARWATER FL PALM HARBOR, FL 34683**

TITLE ☐ Change ☐ Addition  
NAME **GEORGE, MILAN**  
STREET ADDRESS **49800 W. 6 MI RD**  
CITY-ST-ZIP **NORTHVILLE, MI 48167**

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **LYTLE, TERRILL**  
CITY-ST-ZIP **6035 113TH AVENUE NORTH**  
**PINELLAS PARK FL 33782**

TITLE ☐ Change ☐ Addition  
NAME **BROOKS, CLETUS**  
STREET ADDRESS **6770 BROOKS HWY**  
CITY-ST-ZIP **ONSTED, MI 49265**

TITLE ☒ Delete  
NAME **ST**  
STREET ADDRESS **DISTLER, DAVID DECEASED**  
CITY-ST-ZIP **1897 TANGLEWOOD**  
**ST. PETERSBURG FL**

TITLE ☐ Change ☐ Addition  
NAME **JEFFRIES, GENE**  
STREET ADDRESS **PO. BOX 6251**  
CITY-ST-ZIP **SPRINGDALE, ARK 72766**

TITLE ☐ Delete  
NAME **ST ER**  
STREET ADDRESS **MONNISE, DR TED**  
CITY-ST-ZIP **2424 SUNSET POINT ROAD**  
**CLERAWATER FL 34625**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BEARD, KEN**  
CITY-ST-ZIP **222 CITRUS**  
**DUNEDIN FL 34698**

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

TITLE ☐ Delete  
NAME **VP**  
STREET ADDRESS **EHNIS, RICHARD**  
CITY-ST-ZIP **EAGLE POINT**  
**CLARK LAKE MI 49234**

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN 3, 2000** 727/577 6922  
Date Daytime Phone #

CR2E037 (9/99)