

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005821

1. Entity Name

CHAPEL CHRISTIAN UNIVERSITY, INC.

FILED

Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90200 003 ****61.25

Principal Place of Business

670 N COURTENAY PKWY
STE 15
MERRITT ISLAND FL 32953
US

Mailing Address

870 AUSTRALIAN STREET
MERRITT ISLAND FL 32953-4676

900298



DO NOT WRITE IN THIS SPACE

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

59-3227116

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCLANAHAN, LELAND DR.
870 AUSTRALIAN STREET
MERRITT ISLAND FL 32953

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	PCD	<input type="checkbox"/> Delete
NAME	MCCLANAHAN, LELAND DR.	
STREET ADDRESS	870 AUSTRALIAN STREET	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCCLANAHAN, LAVAUGHN A DR.	
STREET ADDRESS	870 AUSTRALIAN STREET	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FRAZIER, ELSIE M DR.	
STREET ADDRESS	65 MELBOURNE STREET	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHARP, RANDAL K DR.	
STREET ADDRESS	2505 MARLOWE PLACE	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	D	<input type="checkbox"/> Delete
NAME	KECK, JR., HERMAN DR.	
STREET ADDRESS	5045 NORTH ROBBERSON	
CITY-ST-ZIP	SPRINGFIELD MO 65803	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLANK, JOHN E DR.	
STREET ADDRESS	7013 EVERGREEN DRIVE	
CITY-ST-ZIP	COCOA FL 32927	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Dr. Leland McClanahan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-00

407-452-0135

Date

Daytime Phone #

CR2E037 (9/99)