

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005821

1. Entity Name

CHAPEL CHRISTIAN UNIVERSITY, INC.

Principal Place of Business

Mailing Address

670 N COURTENAY PKWY  
STE 15  
MERRITT ISLAND FL 32953  
US

870 AUSTRALIAN STREET  
MERRITT ISLAND FL 32953

2. Principal Place of Business

3. Mailing Address

1138 Peachtree St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Cocoa, FL 32953

Cocoa, FL 32953

Zip

Country

Zip

Country

32953 Brevard

32953

Brevard

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PCD  
MCCLANAHAN, LELAND DR.  
870 AUSTRALIAN STREET  
MERRITT ISLAND FL 32953 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
MCCLANAHAN, LAVAUGHN A DR.  
870 AUSTRALIAN STREET  
MERRITT ISLAND FL 32953 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
FRAZIER, ELSIE M DR.  
65 MELBOURNE STREET  
MERRITT ISLAND FL 32953 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SHARP, RANDAL K DR.  
2505 MARLOWE PLACE  
COCOA FL 32926 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KECK, JR., HERMAN DR.  
5045 NORTH ROBBERTSON  
SPRINGFIELD MO 65803 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BLANK, JOHN E DR.  
7013 EVERGREEN DRIVE  
COCOA FL 32927 ☐ Delete

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

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 8-01 321-452-0135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0030636

CR2E037 (10/00)

FILED  
Jan 16, 2001 8:00 am  
Secretary of State

01-16-2001 90076 008 \*\*\*\*61.25

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