

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003275

1. Entity Name

INTERNATIONAL BIBLE UNIVERSITY, INC.

Principal Place of Business

2255 GREENVIEW CR
ORLANDO FL 32808

Mailing Address

PO BOX 585011
ORLANDO FL 32858-5011

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3333937

Applied For

Not Applicable

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

GHUZMAN, ROSA
2255 GREENVIEW CR
ORLANDO FL 32808

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 D
NAME DE PARIS, DR. ANTONIO
STREET ADDRESS 228 SORRENTO CIRCLE
CITY-ST-ZIP WINTER PARK FL 32792 ☒ Delete

TITLE D
NAME Rev. Gustavo Bermudez
STREET ADDRESS 527 Southern Charm Dr.
CITY-ST-ZIP Orlando, FL. 32807 ☒ Change ☐ Addition

TITLE D/S
NAME REYES, DR. ANA J
STREET ADDRESS 12301 CORIANDER DRIVE
CITY-ST-ZIP ORLANDO FL 32837 ☐ Delete

TITLE D
NAME Miss Anita Sanchez
STREET ADDRESS 12301 Corriander Drive
CITY-ST-ZIP Orlando, FL. 32837 ☐ Change ☒ Addition

TITLE D
NAME DE PARIS, NAOEMI
STREET ADDRESS 228 SORRENTO CIRCLE
CITY-ST-ZIP WINTER PARK FL 32792-1145 ☒ Delete

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

TITLE P
NAME GUZMAN, JULIO REV
STREET ADDRESS 2255 GREENVIEW CR
CITY-ST-ZIP ORLANDO FL 32808 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ana J. Reyes 2-22-00 407-858-0648

Date

Daytime Phone #

CR2E037 (9/99)