

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003275

1. Entity Name

INTERNATIONAL BIBLE UNIVERSITY, INC.

FILED
May 25, 2001 8:00 am
Secretary of State

05-25-2001 90288 033 ****75.00

Principal Place of Business

2255 GREENVIEW CR
 ORLANDO FL 32808

Mailing Address

PO BOX 585011
 ORLANDO FL 32808

553968

2. Principal Place of Business

2255 GREENVIEW CR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

FL

4. FEI Number

59-3333937

Applied For

Not Applicable

Zip

32808

Country

ORANG

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GHUZMAN, ROSA
 2255 GREENVIEW CR
 ORLANDO FL 32808

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.

(NOT Registered Agent's signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution

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**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **BERMUDEZ, GUSTAVO REV.**
 STREET ADDRESS **527 SOUTHERN CHARM DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32807**

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

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

TITLE **D** ☐ Delete
 NAME **SANCHEZ, ANITA**
 STREET ADDRESS **12301 CORRIANDER DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
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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:

Rosa Guzman REV JULIO GUZMAN 5/22-01

427-192-8548

CR2E037 (10/00)