

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002570

1. Entity Name

LIVE OAK CHRISTIAN CENTER, INC.

**FILED**  
May 26, 2000 8:00 am  
Secretary of State

05-26-2000 90081 033 \*\*\*\*61.25

Principal Place of Business

1835 LIVE OAK DR.  
JACKSONVILLE FL 32246  
US

Mailing Address

1835 LIVE OAK DR.  
JACKSONVILLE FL 32246-2138  
US

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

59-3321928

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

DEAL, KEITH M  
9550 REGENCY SQUARE BLVD.  
SUITE 1115  
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

Name

Michael O'Connor

Street Address (P.O. Box Number is Not Acceptable)

1863 Live Oak Dr

City

Jacksonville

FL

Zip Code

32246

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

Michael O'Connor

Michael O'Connor Pres. 4-22-00

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 PD ☐ Delete  
NAME O'CONNOR, MICHAEL  
STREET ADDRESS P.O. BOX 17375 1863 LIVE OAK DRIVE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE SD ☐ Delete  
NAME O'CONNOR, RAMONA J  
STREET ADDRESS 1863 LIVE OAK DR.  
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE D ☐ Delete  
NAME RIVERA, CHRISTOPHER  
STREET ADDRESS 10770 ANDERS BLVD.  
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE VD ☐ Delete  
NAME KANIM, EMILE  
STREET ADDRESS 1863 LIVE OAK DR  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ Delete  
NAME WILLIS, ED  
STREET ADDRESS 1935 HILLTOP BLVD  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ Delete  
NAME ABBY SLATTERY  
STREET ADDRESS 10162 Brookview Dr. S.  
CITY-ST-ZIP Jacksonville FL 32246

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☐ Addition  
NAME KEITH NEAVES  
STREET ADDRESS 9061 FREE AVE  
CITY-ST-ZIP JACKSONVILLE FL 32211

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

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

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

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

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: Michael O'Connor 4-22-00 727-5028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)