

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000985

1. Entity Name

CHURCH SERVICES INTERNATIONAL, INC.

Principal Place of Business

645 DUCHESS BLVD.  
DUNEDIN FL 34698  
US

Mailing Address

P.O. BOX 2285  
PALM HARBOR FL 34682-2285  
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 **23-7052805**  
**59-3370185**

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

LUNSFORD, DONALD W  
645 DUCHESS BLVD.  
PALM HARBOR FL 34698

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	LUNSFORD, BEVERLY A	<input type="checkbox"/> Delete
STREET ADDRESS	444 CARIBBEAN DR			
CITY-ST-ZIP	LAKELAND FL 33809			
TITLE	P	NAME	LUNSFORD, DON	<input type="checkbox"/> Delete
STREET ADDRESS	444 CARIBBEAN DR			
CITY-ST-ZIP	LAKELAND FL 33809			
TITLE	D	NAME	LUNSFORD, MARK	<input type="checkbox"/> Delete
STREET ADDRESS	1004 LASSITER DR			
CITY-ST-ZIP	GOODLETTSVILLE TN 37072			
TITLE	D	NAME	LUNSFORD, ANNE	<input type="checkbox"/> Delete
STREET ADDRESS	1004 LASSITER DR			
CITY-ST-ZIP	GOODLETTSVILLE TN 37072			
TITLE	D	NAME	MALZ, CRAIG	<input type="checkbox"/> Delete
STREET ADDRESS	1445 N MAIN ST			
CITY-ST-ZIP	MOORESVILLE NE 28115			
TITLE	D	NAME	MALZ, ANGELA	<input type="checkbox"/> Delete
STREET ADDRESS	1445 N MAIN ST			
CITY-ST-ZIP	MOORESVILLE NE 28115			

TITLE	D	NAME	Robert Ricotta	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Holly Hill Farm - 29 Henderson Road			
CITY-ST-ZIP	Franklin NC 28734			
TITLE	D	NAME	Nancy Ricotta	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Holly Hill Farm - 29 Henderson Road			
CITY-ST-ZIP	Franklin, NC 28734			
TITLE	D	NAME	Verl Green	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1310 Gulf Blvd Apt 301			
CITY-ST-ZIP	Indian Rocks Beach FL 33785-2720			
TITLE	D	NAME	Jackie Green	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1310 Gulf Blvd Apt 301			
CITY-ST-ZIP	Indian Rocks Beach FL 33785-2720			
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Donald W. Lunsford* Donald W. Lunsford 1/20/00

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90125 038 \*\*\*\*61.25

712513



DO NOT WRITE IN THIS SPACE