

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000565

1. Entity Name

EASLEY, & ASSOCIATES CHRISTIAN DEVELOPMENT, INC.

**FILED**  
May 08, 2000 8:00 am  
Secretary of State

05-08-2000 90055 005 \*\*\*\*61.25

Principal Place of Business

Mailing Address

511 CLEAR LAKE AVE  
WEST PALM BEACH FL 33401

511 CLEAR LAKE AVE  
WEST PALM BEACH FL 33401-3001

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

65-0723381

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

EASLEY, OLIVIA E  
511 CLEAR LAKE AVE  
WEST PALM BEACH FL 33401

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 ☐ Delete  
NAME DP  
STREET ADDRESS EASLEY, OLIVIA E  
CITY-ST-ZIP 511 CLEAR LAKE AVE  
WEST PALM BEACH FL 33401

TITLE ☐ Change ☒ Addition  
NAME CHARLES P. RICKS  
STREET ADDRESS 1109 W. AUSTRALIAN AVE  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE ☐ Delete  
NAME DVS  
STREET ADDRESS SMITH, DENISE  
CITY-ST-ZIP 511 CLEAR LAKE AVE  
WEST PALM BEACH FL 33401

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

TITLE ☐ Delete  
NAME DT  
STREET ADDRESS FLOYD, PATRICE M  
CITY-ST-ZIP 1505 W HEARON ST  
TALLAHASSEE FL 32310

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E '97 (9/99)