

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000699

1. Entity Name

CHRISTIAN CITY CHURCH, INC.

Principal Place of Business

Mailing Address

6204 PICADILLY CT
261
TAMPA FL 33614
US

PO BOX 272416
TAMPA FL 33688-2416
US

2. Principal Place of Business

9201 LAZY LAKE

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

Zip

33614

Country

USA

Country

4. FEI Number

59-3476506

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KELLER, ROBERT
6204 PICADILLY CT
APT 261
TAMPA FL 33614

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

Robert Keller

PRESIDENT, ROBERT KELLER

4/13/00

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 ☐ Delete

NAME
D KELLER, ROBERT
STREET ADDRESS
6204 PICADILLY CT #261
CITY-ST-ZIP
TAMPA FL 33614

TITLE ☐ Delete

NAME
D KELLER, USA
STREET ADDRESS
6204 PICADILLY CT #261
CITY-ST-ZIP
TAMPA FL 33614

TITLE ☐ Delete

NAME
D KELSEY, MARK
STREET ADDRESS
14 LEWIS ST.
CITY-ST-ZIP
AVALON NSW 2107 AUSTRALIA

TITLE ☐ Delete

NAME
D VENTILATO, TONY
STREET ADDRESS
29547 BIRDS EYE DRIVE
CITY-ST-ZIP
WESLEY CHAPEL FL 33543

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
STREET ADDRESS
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NAME
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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:

Robert Keller

ROBERT KELLER

Date

4/13/00

(813) 915-8608

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90030 048 ****61.25



DO NOT WRITE IN THIS SPACE