

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004493

1. Entity Name

CHRISTIAN CHAMBER OF S.W. FLORIDA, INC.

Principal Place of Business

8191 COLLEGE PARKWAY, SUITE 206  
FT MYERS FL 33919

Mailing Address

8191 COLLEGE PARKWAY, SUITE 206  
FT MYERS FL 33919-5110

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

65-0787424

Applied For

Not Applied For

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

BLACK, GLENN E  
8191 COLLEGE PARKWAY, SUITE 206  
FT MYERS FL 33919

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 ☐ Delete

NAME BLACK, GLENN E  
STREET ADDRESS 8191 COLLEGE PARKWAY, SUITE 206  
CITY-ST-ZIP FT MYERS FL 33919

TITLE VD ☐ Delete

NAME RICE, PHILIP W  
STREET ADDRESS 8981 QUALITY RD  
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE TD ☐ Delete

NAME SHELLEY, MIKE  
STREET ADDRESS P.O. BOX 61721  
CITY-ST-ZIP FT MYERS FL 33906

TITLE SD ☒ Delete

NAME LONON-ROGERS, TANA  
STREET ADDRESS 5701 DIVISION DR., STE A  
CITY-ST-ZIP FT MYERS FL 33905

TITLE D ☒ Delete

NAME WILKES, GARY  
STREET ADDRESS 5701 DIVISION DR., STE A  
CITY-ST-ZIP FT MYERS FL 33905

TITLE D ☐ Delete

NAME HILTON, MONA  
STREET ADDRESS 2161 MCGREGOR BLVD., STE E  
CITY-ST-ZIP FT MYERS FL 33901

TITLE ☐ Change

NAME Richard Pringle  
STREET ADDRESS 2125 First St, Suite 200  
CITY-ST-ZIP Ft. Myers, FL 33901

TITLE D ☐ Change

NAME David Mongland  
STREET ADDRESS 7811 Sandy Lane Blvd Suite 100  
CITY-ST-ZIP Ft. Myers, FL 33907

TITLE ☐ Change ☐

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐

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

1-24-2000 941-481-2122

Date

Daytime Phone #