

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90198 023 ****61.25

DOCUMENT # N97000004493

1. Entity Name

CHRISTIAN CHAMBER OF S.W. FLORIDA, INC.

Principal Place of Business

Mailing Address

**8191 COLLEGE PARKWAY, SUITE 206
 FT MYERS FL 33919**

**8191 COLLEGE PARKWAY, SUITE 206
 FT MYERS FL 33919**

A0038727



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0787424

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **RICE, PHILIP W**
 CITY-ST-ZIP **8981 QUALITY RD
 BONITA SPRINGS FL 34135**

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

TITLE ☒ Delete
 NAME **TD**
 STREET ADDRESS **SHELLEY, MIKE**
 CITY-ST-ZIP **P.O. BOX 61721
 FT MYERS FL 33906**

TITLE ☒ Change ☐ Addition
 NAME **TD**
 STREET ADDRESS **Davis III Guy**
 CITY-ST-ZIP **12620 World Plaza Ln, Suite 2
 FT MYERS, FL 33906**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **PRINGLE, RICHARD**
 CITY-ST-ZIP **2125 FIRST ST., STE 200
 FORT MYERS FL 33901**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MORELAND, DAVID**
 CITY-ST-ZIP **7811 SANDY JOAN BLVD., STE 100
 FORT MYERS FL 33907**

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

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

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-01

Date

Daytime Phone #

CR2E037 (10/00)