

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

0046870

03-31-2002 90053 035 ****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

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 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

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	<input checked="" type="checkbox"/> Delete
NAME	BLACK, GLENN E	
STREET ADDRESS	8191 COLLEGE PARKWAY, SUITE 206	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RICE, PHILIP W	
STREET ADDRESS	8981 QUALITY RD	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DAVIS III, GUY	
STREET ADDRESS	12620 WORLD PLAZA LN., SUITE 2	
CITY-ST-ZIP	FORT MYERS FL 33906	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	PRINGLE, RICHARD	
STREET ADDRESS	2125 FIRST ST., STE 200	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	D S	<input type="checkbox"/> Delete
NAME	MORELAND, DAVID	
STREET ADDRESS	7811 SANDY JOAN BLVD., STE 100	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HILTON, MONA	
STREET ADDRESS	2161 MCGREGOR BLVD., STE E	
CITY-ST-ZIP	FT MYERS FL 33901	

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORGAN, DON E.	
STREET ADDRESS	1500 ROYAL PALM SQ. BLVD. #101	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-02

239-274-0404

Date

Daytime Phone #

CR2E037 (9/01)