

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006643

1. Entity Name

CHRISTIAN MONEY MANAGEMENT COUNSELORS, INC.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90003 018 ****61.25

Principal Place of Business

Mailing Address

9124 SUMMIT CENTRE WAY
ORLANDO FL 32810

PO BOX 607298
ORLANDO FL 32860-7298

2. Principal Place of Business

3. Mailing Address

499 N SR 434

Suite, Apt. #, etc.

Suite
2061

City & State
ALTAMONTE SPRINGS FL

City & State

4. FEI Number

59-3488543

Applied For

Not Applicable

Zip

Country

Zip

Country

32714

USA

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

BEIK, STEPHEN W
1101 N LAKE DESTINY DR, SUITE 130
MAITLAND FL 32751

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 PD
NAME VILA, JORGE
STREET ADDRESS 3301 GRAY FOX COVE
CITY-ST-ZIP APOPKA FL 32703-8107

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VSD
NAME VILA, MARIE
STREET ADDRESS 3301 GRAY FOX COVE
CITY-ST-ZIP APOPKA FL 32703-8107

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME MORAN, JOHN E
STREET ADDRESS 928 CAITLIN POINT
CITY-ST-ZIP LONGWOOD FL 32750

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME BLYSTONE, CHARLES T
STREET ADDRESS 110 GROVEWOOD AVE
CITY-ST-ZIP SANFORD FL 32773

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME PARKMAN, KAREN
STREET ADDRESS 5224 GOLD TREE CT
CITY-ST-ZIP ORLANDO FL 32808

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

4/26/00 407-865-5433

CR2E037 (9/99)