

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90305 022 \*\*\*\*70.00

**DOCUMENT # N97000006643**

1. Entity Name

**CHRISTIAN MONEY MANAGEMENT COUNSELORS, INC.**

Principal Place of Business

**499 N SR 434  
 STE 2061  
 ALTAMONTE SPRINGS FL 32714**

Mailing Address

**PO BOX 607298  
 ORLANDO FL 32860**

**B0035043**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**995 SR 434 NORTH**

3. Mailing Address

**PO BOX 916642**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**STE 2724**

City & State

**ALTAMONTE SPRINGS FL**

City & State

**LONGWOOD FL**

4. FEI Number

**59-3488543**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32714**

**USA**

**32791**

**USA**

5. Certificate of Status Desired



**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

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

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

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD VILA, JORGE 3301 GRAY FOX COVE APOPKA FL 32703-8107</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD VILA, MARIE 3301 GRAY FOX COVE APOPKA FL 32703-8107</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BLYSTONE, CHARLES T 110 GROVEWOOD AVE SANFORD FL 32773</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PARKMAN, KAREN 5224 GOLD TREE CT ORLANDO FL 32808</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GONSALVES, NORMAN 4335 BENEDICTIN CIR ORLANDO, FL 32812</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR GONSALVES, NORMAN 4335 BENEDICTIN CIR ORLANDO, FL 32812</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**SIGNATURE REQUIRED JORGE VILA 4/20/01 407-865-5433**

CR2E037 (10/00)