

2002 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
May 29, 2002 8:00 am
Secretary of State

05-09-2002 90005 007 ****61.25

DOCUMENT # N97000006643

1. Entity Name

CHRISTIAN MONEY MANAGEMENT COUNSELORS, INC.

Principal Place of Business

Mailing Address

895 SR 434 N
 2724
 ALTAMONTE SPRINGS FL 32714

PO BOX 916642
 LONGWOOD FL 32791

881

2. Principal Place of Business

3. Mailing Address

995 SR 434 N
 Suite/Apt. #, etc.
 2722

995 SR 434 N
 Suite/Apt. #, etc.
 2722

City & State

City & State

ALTAMONTE SPRINGS FL

ALTAMONTE SPRINGS, FL

Zip
 32714

Country

Zip
 32714

Country

4. FEI Number

59-3488543

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILA, JORGE	
STREET ADDRESS	995 SR 434 N. SR 2722	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAVINON, RAFAEL	
STREET ADDRESS	280 S. FAIRBAIN DR	
CITY-ST-ZIP	DELTONA, FL 32725	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAVINON, MARIA	
STREET ADDRESS	280 S. FAIRBAIN DR	
CITY-ST-ZIP	DELTONA, FL 32725	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZACCARDI, ADRIAN	
STREET ADDRESS	8529 PECONIC DR.	
CITY-ST-ZIP	ORLANDO, FL 32835	
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)(f), 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 as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JORGE VILA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 407-865-5433
 Date Daytime Phone #

CR2E037 (9/01)