

2000 UNIFORM BUSINESS REPORT (UBR)

9/15/00-90018-007-\$70.00-\$70.00

10/2

DOCUMENT # N98000002551

1. Entity Name

CHRISTIAN ADVANCED LEARNING MINISTRIES, INC.



FILED

00 OCT 16 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

5611 SW 57 ST
DAVIE FL 33314
US

Mailing Address

PO BOX 292916
DAVIE FL 33329
US

2. Principal Place of Business

41180 LITTLE FARM RD

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PUNTA GORDA FL

City & State

Country

Zip

33955

Country

USA

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEATHERS, KEVIN F
5611 SW 57 STREET
DAVIE FL 33314

7. Name and Address of New Registered Agent

Name

Same

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

Kevin F Weathers

KEVIN F WEATHERS

9/11/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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
PCTS
WEATHERS, KEVIN F
5611 SW 57 ST
DAVIE FL 33314-7420

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WEATHERS, ROBERT A
9818 CAMENA CIR
BOYNTON BEACH FL 33438

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WEATHERS, DAVID A
41180 LITTLE FARM RD
PUNTA GORDA FL 33955

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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

Kevin F Weathers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/00
Date

941-543-2289
Daytime Phone #

CR2E037 (5/00)

202

Form **SS-4**

(Rev. April 2000)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)

KEVIN FRANK WEATHERS

2 Trade name of business (if different from name on line 1)

CHRISTIAN ADVANCED LEARNING MINISTRIES

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)

41180 LITTLE FARM ROAD

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code

Punta Gorda FL 33582

5b City, state, and ZIP code

6 County and state where principal business is located

Charlotte, Florida

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ►

KEVIN F WEATHERS 521640052

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

☐ Sole proprietor (SSN)

☐ Partnership

☐ REMIC

☐ State/local government

☐ Church or church-controlled organization

☒ Other nonprofit organization (specify) ► Religious Teaching (enter GEN if applicable)

☐ Other (specify) ►

☐ Estate (SSN of decedent)

☐ Plan administrator (SSN)

☐ Other corporation (specify) ►

☐ Trust

☐ Federal government/military

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

Florida

Foreign country

9 Reason for applying (Check only one box.) (see instructions)

☒ Started new business (specify type) ►

Religious - Teaching

☐ Hired employees (Check the box and see line 12.)

☐ Created a pension plan (specify type) ►

☐ Banking purpose (specify purpose) ►

☐ Changed type of organization (specify new type) ►

☐ Purchased going business

☐ Created a trust (specify type) ►

☐ Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions)

Incorporated May 98 - Now Ready to Start

11 Closing month of accounting year (see instructions)

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

N/A

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

Nonagricultural

0

Agricultural

Household

14 Principal activity (see instructions) ► Religious - Teaching

15 Is the principal business activity manufacturing?

☐ Yes

☒ No

If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box.

☐ Public (retail)

☐ Other (specify) ►

☐ Business (wholesale)

☒ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business?

☐ Yes

☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ►

Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) City and state where filed

Previous EIN

Business telephone number (include area code)

(941) 543-2289

Fax telephone number (include area code)

Name and title (Please type or print clearly.) ► KEVIN F WEATHERS, President

Signature ►

KEVIN F WEATHERS

Date ► 10/12/00

Note: Do not write below this line. For official use only.

Please leave blank ►

Geo.

Ind.

Class

Size

Reason for applying