

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003256

1. Entity Name

BIBLE MATERIAL UNLIMITED, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90051 046 ****61.25

Principal Place of Business 6201 29TH AVE. NORTH ST. PETERSBURG FL 33710-3207	Mailing Address 6201 29TH AVE. NORTH ST. PETERSBURG FL 33710-3207
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number 65-0849233	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

O'CONNOR, PATRICK M
2240 BELLEAIR ROAD, STE. 160
CLEARWATER FL 33764

7. Name and Address of New Registered Agent

Name **JOHN W. BRAUCHT**
Street Address (P.O. Box Number is Not Acceptable)
6201-29 AVE NO
City **ST PETERSBURG** FL Zip Code **33710-3207**

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 *John W Braucht* 1-27-00
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. <input type="checkbox"/>	\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD GRAUCHT, JOHN W 6201 29TH AVE. NORTH ST. PETERSBURG FL 33710-3207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDM BRAUCHT JOHN W 6201-29 AVE NO ST. PETERSBURG FL 33710-3207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RICE, MARVIN 9401 88 WAY SEMINOLE FL 33777-2240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV TOM HARTER 8637. SW 108 LANE RD OCALA 34481-5381 <input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADKINS, SANDRA L 8398 ROSE TERR. NO. SEMINOLE FL 33777-3306 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WINTERS, ELWOOD 8733 CORTEZ RD. SEBRING FL 33870-8086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRAUCHT, LUELA D 6201 29TH AVE. NORTH ST. PETERSBURG FL 33710-3207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

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: *John W Braucht* 1-27-00 727-347-2057
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #