

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006072

1. Entity Name

CHRISTIAN CAMPUS FELLOWSHIP AT THE UNIVERSITY OF

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90045 002 ****61.25

Principal Place of Business

Mailing Address

1140 S LAKEMONT AVENUE
 WINTER PARK FL 32792
 US

1140 S LAKEMONT AVENUE
 WINTER PARK FL 32792-5404
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3562777

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MCDOWELL, JEFFREY
1140 SOUTH LAKEMONT AVENUE
WINTER PARK FL 32792

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	TP	<input type="checkbox"/> Delete
NAME	BOOK, JAMES	
STREET ADDRESS	1140 S LAKEMONT AVENUE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	ANDRIANO, MICHAEL	
STREET ADDRESS	120 ALEXANDRA BLDG, STE #21	
CITY-ST-ZIP	OVIDO FL 32765	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	CLARK, DAVID	
STREET ADDRESS	2880 JAY JAY RD	
CITY-ST-ZIP	TITUSVILLE FL 32781	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK LUP	
STREET ADDRESS	1011 BILL BECK BLVD	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL BROWNING	
STREET ADDRESS	300 W HWY 434	
CITY-ST-ZIP	OVIDO FL 32765	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARRON CHAMBERS	
STREET ADDRESS	14901 S HWY 441	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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)(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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.7.00 321-267-4858

Date

Daytime Phone #

CR2E037 (9/99)