

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90129 014 ****61.25

DOCUMENT # N98000006072

1. Entity Name

**CHRISTIAN CAMPUS FELLOWSHIP AT THE UNIVERSITY OF
 CENTRAL FLORIDA, INCORPORATED**

Principal Place of Business

Mailing Address

**1140 S LAKEMONT AVENUE
 WINTER PARK FL 32792
 US**

**1140 S LAKEMONT AVENUE
 WINTER PARK FL 32792
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3562777

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

**MCDOWELL, JEFFREY
 1140 SOUTH LAKEMONT AVENUE
 WINTER PARK FL 32792**

Name **MATTHEW BODEN**

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

300 W HWY 434

City **OVIEDO**

FL

Zip Code

32765

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** ☐ Delete
 NAME **BOOK, JAMES**
 STREET ADDRESS **1140 S LAKEMONT AVENUE**
 CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **LUP, JACK**
 STREET ADDRESS **1011 BILL BECK BLVD**
 CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **BROWNING, PAUL**
 STREET ADDRESS **300 W HWY 434**
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **CHAMBERS, ARRON**
 STREET ADDRESS **14901 S HWY 441**
 CITY-ST-ZIP **ORLANDO FL 32826**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **CLARK, DAVID**
 STREET ADDRESS **2880 JAY JAY RD**
 CITY-ST-ZIP **TITUSVILLE FL 32796**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Paul S. Browning** **2/6/02** **407-365-5774**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)