

2000 UNIFORM BUSINESS REPORT (UBR)

5/15

FILED

Jun 21, 2000 8:00 am
Secretary of State

05-15-2000 90150 007 ****61.25

DOCUMENT # N99000007577

1. Entity Name

CHRISTIAN BENEVOLENCE OUTREACH, INC.

Principal Place of Business

Mailing Address

P.O. BOX 493412
LEESBURG FL 34749

P.O. BOX 493412
LEESBURG FL 34749

2. Principal Place of Business

3. Mailing Address

107 N. 2nd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Leesburg FL

City & State

Zip Country
34748 U.S.

Zip

Country

4. FEI Number

59-3621696

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

JORDAN, EDWARD P II
13543 EAST HIGHWAY 50
CLERMONT FL 34711

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	D	<input type="checkbox"/> Delete
NAME	BABCOCK, JIM	
STREET ADDRESS	P.O. BOX 493412	
CITY-ST-ZIP	LEESBURG FL 34749	
TITLE	D	<input type="checkbox"/> Delete
NAME	BABCOCK, SHIRLEY	
STREET ADDRESS	P.O. BOX 493412	
CITY-ST-ZIP	LEESBURG FL 34749	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAYTON, PATRICIA	
STREET ADDRESS	P.O. BOX 493412	
CITY-ST-ZIP	LEESBURG FL 34749	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Jim Babcock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/00 (352) 787-0066

CP2E037 (9/99)