# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P38228

1. Entity Name

CHRISTIAN WRITERS INSTITUTE, INC.

**FILED**
**Mar 04, 2000 8:00 am**
**Secretary of State**
03-04-2000 90077 014 ****61.25

| Principal Place of Business | Mailing Address |
|---|---|
| 600 RINEHART RD<br>LAKE MARY FL 32746<br>US | P. O. BOX 962248<br>LAKE MARY FL 32795-2248<br>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 | |
| Zip | Country | Zip | Country |

4. FEI Number 36-2614903 ☐ 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 |
|---|---|
| DOSS, THOMAS E., III<br>500 E. ALTAMONTE DR., SUITE 210<br>ALTAMONTE SPRINGS FL 32701 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 / NAME / STREET ADDRESS / CITY-ST-ZIP | C<br>WALKER, ROBERT D<br>555 NW 4TH AVE., APT 506<br>BOCA RATON FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P DR. HOWARD RIDINGS<br>477 ALNOLE LOOP<br>LAKE MARY, FL 32746 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>SHIBLEY, DAVID<br>1910 WINDHILL CIR<br>ROCKWALL TX | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S DOROTHY MCBROOM<br>150 POINCIANA LN.<br>DELTONA, FL 32738 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>STRANG, STEPHEN E<br>627 ESTATES PL<br>LONGWOOD FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>NORTON, WILL JR<br>206 AVERY HALL<br>LINCOLN NE | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D ROBERT MINOTTI<br>147 OAKLEY COURT.<br>DEBARY, FL 32713 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>BARBARA WALKER<br>555 NW 4TH AVE., APT. 506<br>BOCA RATON FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>HUELAN H. GRIER<br>100 FOREST PARK CT<br>LONGWOOD FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D J. LEE GRADY<br>304 LITTLE SPRINGS LANE<br>LONGWOOD, FL 32750 | ☐ Change ☒ Addition |

CR2E037 (9/99)

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:** Dorothy McBroom SIGNATURE REQUIRED Dorothy G. McBroom 2/28/00 407-333-7111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #