

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000049714

1. Entity Name

CHRISTIAN FAMILY BOOKSTORE, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90009 012 ***150.00

Principal Place of Business
3870 WEST BROWARD BLVD.
PLANTATION FL 33312
US

Mailing Address
3870 WEST BROWARD BLVD.
PLANTATION FL 33312-1041
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0427918**
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
JORDAN, PATRICIA
7520 NW 11 PLACE
PLANTATION FL 33313

7. Name and Address of New Registered Agent
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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **0** ☐ Delete
NAME **JORDAN, RANDY**
STREET ADDRESS **7520 NW 11 PLACE**
CITY-ST-ZIP **PLANTATION FL 33313**

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

TITLE **0** ☐ Delete
NAME **JORDAN, PATRICIA**
STREET ADDRESS **7520 NW 11 PLACE**
CITY-ST-ZIP **PLANTATION FL 33313**

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

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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia Jordan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)