

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000027607

1. Entity Name

NEW LIFE CHRISTIAN COUNSELING CENTER, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90039 012 ***150.00

Principal Place of Business

Mailing Address

405 WAYMONT CT
STE111
LAKE MARY FL 32746
US

405 WAYMONT CT
STE111
LAKE MARY FL 32746
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 **59-3240347**

Applied For

Not Applicable

5. Certificate of Status Des rec ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPBELL, BRIAN M
405 WAYMONT CT
STE 111
LAKE MARY FL 32746

Name

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

City

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 the Registrant

(NOTE: Registered Agent's signature required when reissuing)

DATE

4-27-01

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	DV	☐ Delete
NAME	CAMPBELL, CLAIRE	
STREET ADDRESS	405 WAYMONT CT	
CITY-STATE-ZIP	LAKE MARY FL 32746	
TITLE	D	☐ Delete
NAME	CAMPBELL, BRIAN M.	
STREET ADDRESS	405 WAYMONT CT	
CITY-STATE-ZIP	LAKE MARY FL 32746	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:

Brian Campbell Brian Campbell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2001

DATE

407-3226868

DAYTIME PHONE

CR2E034 (10/00)