

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000054859

1. Entity Name

CHURCH STREET SYSTEMS, INC.

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90016 024 \*\*\*550.00

Principal Place of Business

5107 LOBO COURT  
ORLANDO FL 32819

Mailing Address

5107 LOBO COURT  
ORLANDO FL 32819

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

59-3434979

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

FOUNTAS, CHRISTOPHER N  
2300 SUN BANK CENTER  
ORLANDO FL 32802

7. Name and Address of New Registered Agent

Name

FOUNTAS, CHRISTOPHER N.

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

5107 LOBO COURT

ORLANDO

City

FL

Zip Code  
32819

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.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE	PD	<input type="checkbox"/> Delete
NAME	THORNTON, STACY	
STREET ADDRESS	4449 RUMMELL RD	
CITY-ST-ZIP	ST CLOUD FL 34769	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BOZZUTO, JACQUELINE	
STREET ADDRESS	5107 LOBO CT	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input type="checkbox"/> Delete
NAME	THORNTON, HARKLEY R	
STREET ADDRESS	4449 RUMMELL RD	
CITY-ST-ZIP	ST CLOUD FL 34769	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOUNTAS, CHRISTOPHER N	
STREET ADDRESS	5107 LOBO COURT	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	B.S.VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOZZUTO, JACQUELINE	
STREET ADDRESS	5107 LOBO COURT	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Jacqueline Bozzuto*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/00 407 418-6207  
Date Daytime Phone #