

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000054859

1. Entity Name

CHURCH STREET SYSTEMS, INC.

FILED

Apr 16, 2001 8:00 am  
Secretary of State

04-16-2001 90041 038 \*\*\*150.00

Principal Place of Business

5107 LOBO COURT  
ORLANDO FL 32819

Mailing Address

5107 LOBO COURT  
ORLANDO FL 32819

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

St. Cloud, FL 34769

City & State

St. Cloud, FL 34770

Zip

34769

Country

USA

Zip

34770

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOUNTAS, CHRISTOPHER N  
5107 LOBO CT  
ORLANDO FL 32819

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. (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 PD  
NAME THORNTON, STACY  
STREET ADDRESS 4449 RUMMELL RD  
CITY-ST-ZIP ST CLOUD FL 34769 ☐ Delete

TITLE PD  
NAME Thornton, Stacy  
STREET ADDRESS 403 Pennsylvania Ave  
CITY-ST-ZIP St. Cloud, FL 34769 ☒ Change ☐ Addition

TITLE SVPD  
NAME BUZZUTO, JACQUELINE  
STREET ADDRESS 5107 LOBO CT  
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

TITLE SVPD  
NAME Buzzuto, Jacqueline  
STREET ADDRESS 5107 Lobo Ct.  
CITY-ST-ZIP Orlando, FL 32819 ☐ Change ☐ Addition

TITLE D  
NAME THORNTON, HARKLEY R.  
STREET ADDRESS 4449 RUMMELL RD  
CITY-ST-ZIP ST CLOUD FL 34769 ☐ Delete

TITLE D  
NAME Thornton, HARKLEY R.  
STREET ADDRESS 403 Pennsylvania Ave  
CITY-ST-ZIP St. Cloud, FL 34769 ☒ Change ☐ Addition

TITLE D  
NAME FOUNTAS, CHRISTOPHER N  
STREET ADDRESS 5107 LOBO COURT  
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)