

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000060716

1. Entity Name

CHRISTIAN VOICE, INC.

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90011 008 \*\*\*150.00

Principal Place of Business

Mailing Address

1610 BERKSHIRE DRIVE  
BRANDON FL 33511

PO BOX 943  
BRANDON FL 33509-0943

2. Principal Place of Business

3. Mailing Address

1610 Berkshire Dr.

P.O. Box 943

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Brandon, Florida

City & State  
Brandon, FL

4. FEI Number 59-3459164

Applied For  
Not Applicable

Zip  
33511

Country  
U.S.

Zip  
33509-0943

Country  
U.S.

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

SEIFTER, MATTHEW  
1610 BERKSHIRE DRIVE  
BRANDON FL 33511

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, 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 **P** ☐ Delete  
NAME **SEIFTER, MATTHEW**  
STREET ADDRESS **1610 BERKSHIRE DRIVE**  
CITY-ST-ZIP **BRANDON FL 33511**

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

TITLE **VP** ☐ Delete  
NAME **SEIFTER, TAMMIE**  
STREET ADDRESS **1610 BERKSHIRE DRIVE**  
CITY-ST-ZIP **BRANDON FL 33511**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

*Matthew Seifter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00  
Date

(813) 653-7111  
Daytime Phone #

CR2F034 (9/98)