

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90031 029 ***150.00

0591894 AT

DOCUMENT # P99000103929
 1. Entity Name
LAKE HART PROPERTY MANAGEMENT COMPANY, INC.

Principal Place of Business Mailing Address
100 LAKE HART DR. 100 LAKE HART DR.
ORLANDO FL 32822-0100 ORLANDO FL 32822-0100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number NOT APPLICABLE	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KASPER, DENNIS R 100 LAKE HART DR. ORLANDO FL 32822-0100				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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRIGHT, WILLIAM 1100 LAKE HART DR. ORLANDO FL 32832 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLASS, STEPHON B 100 LAKE HART DR. MC3500 ORLANDO FL 32832 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUNNER, BRUCE 10 WRIGHT STREET, SUITE 120 WESTPORT CT 06880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Dwight E. Napolitano* *Ass't Sec'y* **2-11-02** **407-826-2110**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

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ORLANDO FL 32822-0100**

Mailing Address
**100 LAKE HART DR.
ORLANDO FL 32822-0100**

*Attachment
Doc# P99000103929
425220*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

Zip Country

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5. Certificate of Status Desired **\$8.75** Additional Fee Required

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7. Name and Address of New Registered Agent

**KASPER, DENNIS R
100 LAKE HART DR.
ORLANDO FL 32822-0100**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

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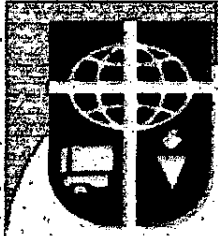
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SIGNATURE: *Swynn E. Marolis* **Swynn E. Marolis** *Asst Secy* **2-11-02** **407-826-2110**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

Attachment # P99000103929

[Handwritten signature]



February 27, 2002

Uniform Business Report
Division of Corporations
Post Office Box-1500
Tallahassee, FL 32302-1500

RE: Uniform Business Report (UBR) – Campus Crusade for Christ, Inc.

Dear Sir or Madam:

Enclosed are two (2) copies of the Florida Uniform Business Report for the above-referenced corporation. Also enclosed is check #067079 in the amount of \$150.00. Gwyn Marolis, Assistant Secretary has signed the form. Please stamp the copy to confirm receipt and acceptance by your office and kindly return it to me in the enclosed self-addressed stamped envelope.

We thank you in advance for your anticipated courtesy and cooperation in this matter. Please feel free to contact us at your earliest convenience if you have any questions or comments regarding the enclosed or this corporation.

Very truly yours,

CAMPUS CRUSADE FOR CHRIST, INC.

Judith A. Beeler

Judith A. Beeler
Paralegal

Enclosure.

The General Counsel's Office – Florida
100 Lake Hart Drive – Orlando, Florida 32832 – Department GCO-3500
(407) 482-6155 – (407) 854-1218 (FAX) – <http://www.ccci.org>

42520



**CAMPUS CRUSADE
FOR CHRIST
INTERNATIONAL**
100 LAKE HART DRIVE
ORLANDO, FL 32832-0100

Judith A. Beeler
Campus Crusade for Christ, Inc.
100 Lake Hart Drive - MC-3500
Orlando, FL 32832

