

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 836794**

1. Entity Name

**UNIVERSAL CHRIST CHURCH, INC. (SCHOOL OF SPIRITU**

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90147 026 \*\*\*\*61.25

Principal Place of Business

Mailing Address

12936 WELBY WAY  
NORTH HOLLYWOOD CA 91606

12936 WELBY WAY  
NORTH HOLLYWOOD CA 91606-1038

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7072906

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DAVID MASSINGILL  
10480 S.W. 129 COURT  
MIAMI 33186

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 \_\_\_\_\_

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution:

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
NAME **TD KUCZAWA, LEONARD A**  
STREET ADDRESS **12936 WELBY WAY**  
CITY-ST-ZIP **N HOLLYWOOD, CA 00000**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **VD MARCUS, BEVERLY**  
STREET ADDRESS **4802 HASKELL AVE**  
CITY-ST-ZIP **ENCINO CA**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **PD NAKAGAWA, JAMES**  
STREET ADDRESS **1634 AVENIDA OCEAN**  
CITY-ST-ZIP **OCENASIDE CA**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **SD LEWIS, DENNIS**  
STREET ADDRESS **2369 HIDALGO AVE**  
CITY-ST-ZIP **LOS ANGELES CA**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

1/11/00

(818) 769-7056

Date

Daytime Phone #

CR2FR37 (9/00)