

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 20, 2001 8:00 am**  
**Secretary of State**

01-20-2001 90106 030 \*\*\*\*61.25

0088547

**DOCUMENT # 836794**

1. Entity Name

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

Principal Place of Business

12936 WELBY WAY  
 NORTH HOLLYWOOD CA 91606

Mailing Address

12936 WELBY WAY  
 NORTH HOLLYWOOD CA 91606

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 FL 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

TITLE	TD	<input type="checkbox"/> Delete
NAME	KUCZAWA, LEONARD A	
STREET ADDRESS	12936 WELBY WAY	
CITY-ST-ZIP	N HOLLYWOOD, CA 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARCUS, BEVERLY	
STREET ADDRESS	4802 HASKELL AVE	
CITY-ST-ZIP	ENCINO CA	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	NAKAGAWA, JAMES	
STREET ADDRESS	1634 AVENIDA OCEAN	
CITY-ST-ZIP	OCENASIDE CA	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LEWIS, DENNIS	
STREET ADDRESS	2369 HIDALGO AVE	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PP MARCUS, BEVERLY	
STREET ADDRESS	4802 HASKELL AVE.	
CITY-ST-ZIP	ENCINO, CA	
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		

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:

*Leonard A. Kuczawa*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/01

Date

818-769-7056

Daytime Phone #

CR2E037 (10/00)