

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700968

1. Entity Name

UNIVERSITY BOULEVARD CHAPEL OF THE CHURCH OF GOD

Principal Place of Business

2214 UNIVERSITY BLVD S
2214 UNIVERSITY BOULEVARD SOUTH
JACKSONVILLE FL 32216

Mailing Address

2214 UNIVERSITY BLVD S
2214 UNIVERSITY BOULEVARD SOUTH
JACKSONVILLE FL 32216-2545

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2185201

Applied For

Not Applicable

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

SEGER, BRUCE S.
615 15TH AVE., N
JACKSONVILLE BCH FL 32250

Name **PHYLLIS M. MCLAIN**
Street Address (P.O. Box Number is Not Acceptable)
3135 VICTORIA PARK ROAD
City **JACKSONVILLE** FL Zip Code **32216-5611**

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

Phyllis M. McLain

4/26/00

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	PD	<input checked="" type="checkbox"/> Delete
NAME	SEGER, BRUCE S.	
STREET ADDRESS	615 15TH AVE., N.	
CITY-ST-ZIP	JACKSONVILLE BCH FL	
TITLE	VPVD	<input type="checkbox"/> Delete
NAME	MCLAIN, PHYLLIS	
STREET ADDRESS	3135 VICTORIA PARK RD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CRENSHAW, STEVE	
STREET ADDRESS	7926 OLD KINGS ROAD S	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SANDERS, JOYCE	
STREET ADDRESS	2320 BAREFOOT TRACE	
CITY-ST-ZIP	ATLANTIC BCH., FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		
TITLE	CORD SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEBBIE COLGROVE	
STREET ADDRESS	1956 MINDANAO DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
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)(f), 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:

Phyllis M. McLain
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00
Date

904-725-7688
Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90012 002 ****61.25