

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

0011663

04-28-2001 90090 015 \*\*\*\*61.25

**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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2185201</b>	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

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

**6. Name and Address of Current Registered Agent**

**MCLAIN, PHYLLIS M**  
**3135 VICTORIA PARK ROAD**  
**JACKSONVILLE FL 32216-5611**

**7. Name and Address of New Registered Agent**

Name  
**G. Russell Jones**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2831 Lantana Lakes Dr. W**  
 City  
**Jacksonville** **FL** Zip Code  
**32246**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>VPVD</b> <b>MCLAIN, PHYLLIS</b> <b>3135 VICTORIA PARK RD</b> <b>JACKSONVILLE FL 32216</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>G. Russell Jones</b> <b>2831 Lantana Lakes Dr. W</b> <b>Jacksonville, FL 32246</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>CRENSHAW, STEVE</b> <b>7926 OLD KINGS ROAD S</b> <b>JACKSONVILLE FL 32217</b>	<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	<b>SD</b> <b>COLGROVE, DEBBIE</b> <b>1956 MINDANAD DR</b> <b>JACKSONVILLE FL 32248</b>	<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		<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		<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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **G. Russell Jones** 4-21-01 904 725-7688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)