

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701546

1. Entity Name

ORMOND BEACH UNION CHURCH, INC.

Principal Place of Business

56 N BEACH ST
ORMOND BEACH FL 32174-5638

Mailing Address

56 N BEACH ST
ORMOND BEACH FL 32174-5638

2. Principal Place of Business

same

Suite, Apt. #, etc.

same

City & State

same

Zip

Country

same

Volusia

3. Mailing Address

same

Suite, Apt. #, etc.

same

City & State

same

Zip

Country

same

United States

6. Name and Address of Current Registered Agent

BEVILLE, SHIRLEY
26 WOODLAND BLVD
ORMOND BEACH FL 32174

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 Shirley Beville

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01/23/01

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 NAME STREET ADDRESS CITY-ST-ZIP	P MAY, BURT A 2236 KENILWORTH AVE DAYTONA BEACH FL 32119	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MATTHEWS, ALFRED E 11 KINGS GRANT ROAD #202 HOLLY HILL FL 32117-2545	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOWL, TODD 99 NORTHBROOK LANE ORMOND BEACH FL 32174	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEVILLE, SHIRLEY 26 WOODLAND BBLVD ORMOND BEACH FL 32174	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOPST JANICE, 111 ELLICOTT DR. ORMOND BCH FL 32176-4136	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATES, DAVID 204 ORMOND PARKWAY ORMOND BEACH FL 32176-8123	☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Bates, David 204 Ormond Parkway Ormond Beach, FL 32176	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Sweeney, Shirley 24 Silk Oaks Dr. Ormond Beach, FL 32176	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bailey, Elaine 15 Beechwood Dr. Ormond Beach, FL 32176	☒ Change ☐ 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:

Signature and typed or printed name of signing officer or director

Matthews Treas. 1/23/01 077-3363

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90067 031 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)