

**2000 UNIFORM BUSINESS REPORT (UBR)**

2/1

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90013 030 \*\*\*\*61.25

**DOCUMENT # 716982**

1. Entity Name

**WESTMINSTER PRESBYTERIAN CHURCH OF CASSELBERRY.**

Principal Place of Business

Mailing Address

2641 RED BUG ROAD  
 CASSELBERRY FL 32707  
 US

2641 RED BUG ROAD  
 CASSELBERRY FL 32707  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

*Seminole*

Zip

Country

*Seminole*

4. FEI Number

**59-1576751**

Applied For

Not

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VILLILO, MARY L  
 426 HORNBILL PLACE  
 WINTER SPRINGS FL 32708

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 NAME STREET ADDRESS CITY-ST-ZIP	VT ELLERBE, JIM 1000 SILCOX BRANCH OVIEDO FL 32765	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT THOMPSON, DONNA 3988 BUGLER'S REST PLACE CASSELBERRY FL 32707	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS VILLILO, MARY D 426 HORNBILL PLACE WINTER SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VICK, JERRY P.O. BOX 621282 OVIEDO FL 32762-5028	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Gary Lowther D 1324 Raspberry CT Casselberry, FL 32707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Elizabeth Chapman D 912 Oak Forest Dr. Winter Springs, FL 32708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Susan Chapman D 912 Oak Forest Dr Winter Springs, FL 32708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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:**

*MARY L VILLILO*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/18/00*  
 Date

*(407) 339-1100*  
 Daytime Phone #