

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720486

1. Entity Name

THE WESTMINSTER PRESBYTERIAN CHURCH OF BRANDON.

Principal Place of Business

Mailing Address

402 E. LUMSDEN ROAD  
BRANDON FL 33511

402 E. LUMSDEN ROAD  
BRANDON FL 33511-6444

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1301155

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

DARDEN, HENRY R., JR.  
614 BEVERLY DRIVE  
BRANDON FL 33510

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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	MCNIEL, J. MYLES	2106 OAKLAND DR.	BRANDON FL	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	VARGO, MARK	502 EMBERWOOD DR.	BRANDON FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	STAPLES, JOHN	416 NO. BRYAN CIR.	BRANDON FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	EVANS, DIEHL	1004 WINCHESTER LANE	VALRICO FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

FILED  
Jan 21, 2000 8:00 am  
Secretary of State

01-21-2000 90103 048 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)