

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723019

1. Entity Name

NORTH PORT COMMUNITY UNITED CHURCH OF CHRIST, IN

Principal Place of Business

3450 SO. BISCAYNE DRIVE.
PO BOX 7221
NORTH PORT FL 34287

Mailing Address

3450 SO. BISCAYNE DRIVE.
PO BOX 7221
NORTH PORT FL 34287-0221

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

59-1418559

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

WILLIAMS, MARY E
6690 ELECTRA
NORTH PORT FL 34287

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 C ☐ Delete
NAME WILLIAMS, MARY
STREET ADDRESS 2184 BRUBECK
CITY-ST-ZIP NORTH PORT FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VCD ☐ Delete
NAME MCKEAN, JOHN
STREET ADDRESS 1130 LUDLOW AVE
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME ALLEN, EVELYN
STREET ADDRESS 4256 POCATELLA AVE
CITY-ST-ZIP NORTH PORT FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME SCHAVE, NANCY
STREET ADDRESS 322 TRAILORAMA DR
CITY-ST-ZIP NORTH PORT FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME BENTLEY, RAYMOND
STREET ADDRESS 806 VILLA DEL SOL
CITY-ST-ZIP NORTH PORT FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE FS ☐ Delete
NAME FIELDING, CHARLINE
STREET ADDRESS 5148 PALENA BLVD
CITY-ST-ZIP NORTH PORT FL

TITLE ☐ Change ☐ 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)(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 of Registered Agent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)