

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732773

1. Entity Name

FIRST CHRISTIAN CHURCH OF TARPON SPRINGS, FLORID

Principal Place of Business

2795 KEYSTONE RD
TARPON SPRINGS FL 34689

Mailing Address

2795 KEYSTONE RD
TARPON SPRINGS FL 34689-7425

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

59-1713769

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

CLARK, ROB
5830 FALL RIVER DR.
N PT. RICHEY FL 34655

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 SD ☐ Delete
NAME RISTOFF, DAVID
STREET ADDRESS 248 MILLSTONE DRIVE
CITY-ST-ZIP PALM HARBOR FL 34683

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

TITLE CD ☐ Delete
NAME BALM, HOWARD
STREET ADDRESS 120 WATERBERRY DRIVE
CITY-ST-ZIP TARPON SPRINGS FL 34689

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

TITLE VCD ☐ Delete
NAME STOKES, NATHAN
STREET ADDRESS 1410 CASTLEWORKS LANE
CITY-ST-ZIP TARPON SPRINGS FL 34689

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90122 035 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)