

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90258 023 ****61.25

DOCUMENT # 764782

1. Entity Name

UNITY CHURCH OF MARTIN COUNTY, INC.

Principal Place of Business

Mailing Address

213 SW MONTEREY RD
 STUART FL 34994
 US

213 SW MONTEREY RD
 STUART FL 34994-4645
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2781912

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

HOWARD, AMANDA G
213 SW MONTEREY RD
STUART FL 34994

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:
FEES 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	D MAGENHEIMER, JOANNE 1525 NW PINE LAKE DR STUART FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MULL, HAROLD HAROLD 3581 SE MICANOPY TERR PALM CITY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLAYLOCK, ALI 5699 SE MITZI LANE STUART FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPLITTER, EARL 7053 SE BUNKER HILL DR HOBE SOUND FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, AMANDA G 284 NE ELM TERRACE JENSEN BCH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DONALD Rowell, U.P. 11445 SW MEADOWLARK Circle STUART, FL 34997	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALI Blaylock, P. 5699 SE MITZI LANE STUART, FL 34997	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bill Johnson, T 1901 NE JENSEN Beach Blvd. Jensen Beach, FL 34957	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tucker Nelson, D 4238 NE Alice St. Jensen Beach, FL 34957	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAROL Switz, D 2046 NE OCEAN BLVD Jensen Beach, FL 34957	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: X

Signature of Treasurer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)