

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90022 006 ****61.25

DOCUMENT # N11505

1. Entity Name

RIVER ROAD CHURCH OF CHRIST OF NEW PORT RICHEY,

Principal Place of Business

Mailing Address

C/O CHRIS E. STEELE
6767 RIVER ROAD
NEW PORT RICHEY FL 34652

C/O CHRIS E. STEELE
6767 RIVER ROAD
NEW PORT RICHEY FL 34652-1722

805345



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2260136

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

STEELE, CHRIS E.
6767 RIVER ROAD
NEW PORT RICHEY FL 34652

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

TITLE	DV	<input type="checkbox"/> Delete
NAME	CLARK, CHANDLER G.	
STREET ADDRESS	5132 IDLEWILD ST.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	DP	<input type="checkbox"/> Delete
NAME	FORTNEY, ROGER	
STREET ADDRESS	4960 WELLBROOK DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	T	<input type="checkbox"/> Delete
NAME	LINGER, STEPHEN L.	
STREET ADDRESS	7316 ABINGTON AVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	S	<input type="checkbox"/> Delete
NAME	STEELE, CHRIS E.	
STREET ADDRESS	6441 ELGIN DR	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9531 Shamokin Lane	
STREET ADDRESS	Port Richey, FL 34668	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Steph L. Linger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/00

813/884-0444