

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90201 044 \*\*\*\*61.25

**DOCUMENT # N19235**

1. Entity Name

**ST. MARY EPISCOPAL CHURCH OF BELLEVIEW, FLORIDA, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 2373  
 BELLEVIEW FL 34421  
 US

P.O. BOX 2373  
 BELLEVIEW FL 34421  
 US

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

**59-2774044**

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

**ROBINSON, PAUL**  
**4450 SE 150TH STEET**  
**SUMMERFIELD FL 34491**

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	<input type="checkbox"/> Delete
PD	ROBINSON, PAUL	135 EAST FAITH AVE	MAITLAND FL 32751	<input type="checkbox"/>
VP	WHITTAKER, JOHN	284 MONTOYA DR	LADY LAKE FL 32159	<input checked="" type="checkbox"/>
SD	GILBERT, LESLIE	213 CUTOFF RD	FRUITLAND PARK FL	<input checked="" type="checkbox"/>
TD	WISHAM, MICHELLE	13386 SE 36 AVE	BELLEVIEW FL 34420-5612	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VP	ANTHONY TERRACINO	12356 S.E. 128th TERRACE	OCKLAWAHA, FLORIDA 32179	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	Leslie Gilbert	6022 SE 122ND PL	BELLEVIEW, FL 34420	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	HORACE BECKWITH	13615 S.E. 97th TERR. ROAD	SUMMERFIELD, FL 34491	<input checked="" 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: Leslie Gilbert  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02  
 Date

(352)347-6422  
 Daytime Phone #

CR2E037 (9/01)

R0004807



DO NOT WRITE IN THIS SPACE