

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N24110**

1. Entity Name

**UNIVERSITY PARKWAY CHRISTIAN CHURCH, INC.**

Principal Place of Business

**6960 PROSPECT ROAD  
SARASOTA FL 34243**

Mailing Address

**6960 PROSPECT ROAD  
SARASOTA FL 34243**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0021958**

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

**HUGHES, DONALD  
7329 ALDERWOOD DRIVE  
SARASOTA FL 34242**

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	D	<input type="checkbox"/> Delete
NAME	HUGHES, DONALD	
STREET ADDRESS	7329 ALDERWOOD DRIVE	
CITY-ST-ZIP	SARASOTA FL	

TITLE	T	<input type="checkbox"/> Delete
NAME	KNOPF, FLORENCE	
STREET ADDRESS	7203 24TH AVE., W	
CITY-ST-ZIP	BRADENTON FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	CARSON, DON	
STREET ADDRESS	5721 GARDEN LAKES PALM	
CITY-ST-ZIP	BRADENTON FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	YATES, EDWARD	
STREET ADDRESS	2876 INDIANTOWN DRIVE	
CITY-ST-ZIP	SARASOTA FL 34232	

TITLE	CD	<input type="checkbox"/> Delete
NAME	MCLAUGHLIN, KEN	
STREET ADDRESS	3408 YORK DRIVE W	
CITY-ST-ZIP	BRADENTON FL 34205	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEWELLEN, AUDRENE	
STREET ADDRESS	439 MCARTHUR AVE	
CITY-ST-ZIP	SARASOTA FL 34243	

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
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STREET ADDRESS		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90094 047 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)