

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37402

1. Entity Name

RIVER RANCH CHAPEL, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90146 033 ****61.25

Principal Place of Business

Mailing Address

2955 RIVER RANCH BLVD.
RIVER RANCH FL 33867

P.O. BOX 30122
RIVER RANCH FL 33867-0122

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3009891

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

JOHNSON, WALTER N
73 ROAN ROAD
RIVER RANCH FL 33867

Name **Boyd Spangler**

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

41 Palomino Path

City **River Ranch**

FL

Zip Code **33867**

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

Boyd Spangler

Boyd Spangler CTR

1-24-2000

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 **CTR** ☒ Delete
NAME **JOHNSON, WALTER N**
STREET ADDRESS **73 ROAN ROAD**
CITY-ST-ZIP **RIVER RANCH FL 33867**

TITLE **CTR** ☒ Change ☐ Addition
NAME **Boyd Spangler**
STREET ADDRESS **41 Palomino Path**
CITY-ST-ZIP **River Ranch, Fl. 33867**

TITLE **TD** ☐ Delete
NAME **SPANGLER, BOYD**
STREET ADDRESS **41 PALOMINO PATH**
CITY-ST-ZIP **RIVER RANCH FL 33867**

TITLE **TD** ☐ Change ☒ Addition
NAME **Robert Clack**
STREET ADDRESS **23529 Canterbury Drive**
CITY-ST-ZIP **Lake Wales, Fl 33853**

TITLE **TD** ☐ Delete
NAME **MILLER, AUVEGENE**
STREET ADDRESS **5930 OAKMONT DRIVE**
CITY-ST-ZIP **LAKE WALES FL 33853**

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

TITLE **T** ☐ Delete
NAME **FRANCISCO, LOUISE**
STREET ADDRESS **87 ROAN ROAD**
CITY-ST-ZIP **RIVER RANCH FL 33867**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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:

Boyd Spangler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-2000 863-692-1286

Date

Daytime Phone #

CR2E037 (9/99)