

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42585

1. Entity Name

THE FIRST PRESBYTERIAN CHURCH OF MOUNT DORA

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

03-03-2000 90254 028 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P O BOX 934  
 MOUNT DORA FL 32757

P O BOX 934  
 MOUNT DORA FL 32756-0934



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

222 West Sixth Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Mount Dora, FL

City & State

4. FEI Number

59-0940288

Applied For

Not Applicable

Zip

32757

Country

Lake

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

BRADLEY, ROBERT J.  
 3455 LAKESHORE DRIVE  
 MOUNT DORA FL 32757

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: T  
 NAME: SCOTT, FRANK  
 STREET ADDRESS: 4705 SLOEWOOD DRIVE  
 CITY-ST-ZIP: MT. DORA FL 32757 ☐ Delete

TITLE: TR (Trustee) ☒ Change ☐ Addition  
 NAME: Scott, Frank  
 STREET ADDRESS: 4705 Sloewood Drive  
 CITY-ST-ZIP: Mount Dora, FL 32757

TITLE: TR  
 NAME: WHITBECK, CALVIN  
 STREET ADDRESS: 1106 GOLF CLUB COURT  
 CITY-ST-ZIP: MOUNT DORA FL 32757 ☐ Delete

TITLE: TR ☒ Change ☐ Addition  
 NAME: Whitbeck, Calvin  
 STREET ADDRESS: 120 Juniper Way, Tavares, FL 32778  
 CITY-ST-ZIP: 32778

TITLE: TR ☒ Delete  
 NAME: CRANEY, GARY  
 STREET ADDRESS: 1480 E. THIRD AVENUE  
 CITY-ST-ZIP: MOUNT DORA FL

TITLE: T (Treasurer) ☐ Change ☒ Addition  
 NAME: Carol McGee  
 STREET ADDRESS: 520 South Sandlake Court  
 CITY-ST-ZIP: Mount Dora, FL 32757

TITLE: TE ☐ Delete  
 NAME: JACOBSON, HARRY  
 STREET ADDRESS: 2728 LAKE LANDING BLVD.  
 CITY-ST-ZIP: EUSTIS FL 32726

TITLE: TR (Trustee) ☒ Change ☐ Addition  
 NAME: Jacobson, Harry  
 STREET ADDRESS: 2728 Lake Landing Blvd.  
 CITY-ST-ZIP: Eustis, FL 32726

TITLE: DS ☒ Delete  
 NAME: LEAVENWORTH, ELIZABETH  
 STREET ADDRESS: 602 CHAUTAUGUA DRIVE  
 CITY-ST-ZIP: MT. DORA FL

TITLE: DS (Director, Secretary) ☐ Change ☒ Addition  
 NAME: Cynthia deVos  
 STREET ADDRESS: 1965 Normandy Drive  
 CITY-ST-ZIP: Mount Dora, FL 32757

TITLE: DT ☒ Delete  
 NAME: BRADLEY, ROBERT J.  
 STREET ADDRESS: 3455 LAKESHORE DR.  
 CITY-ST-ZIP: MOUNT DORA FL

TITLE: D (Director) ☐ Change ☒ Addition  
 NAME: Edward Stephany  
 STREET ADDRESS: 2585 Lakeshore Drive  
 CITY-ST-ZIP: Mount Dora, FL 32757

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]* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/35/2000 352-253-9161  
 Date Daytime Phone #

CR2E037 (9/99)