

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90028 023 ****61.25

DOCUMENT # N95000000166

1. Entity Name

UNITED CHURCH RESIDENCES OF IMMOKALEE, FLORIDA,

Principal Place of Business

Mailing Address

170 EAST CENTER ST.
 MARION OH 43302

P.O. BOX 1806
 MARION OH 43301-1806
 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

58-2169014

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

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324

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	D <input type="checkbox"/> Delete
NAME	ALLEN, BRIAN S
STREET ADDRESS	170 EAST CENTER ST.
CITY-ST-ZIP	MARION OH 43302
TITLE	P <input type="checkbox"/> Delete
NAME	WRIGHT, WILLIAM
STREET ADDRESS	170 E CENTER ST
CITY-ST-ZIP	MARION OH 43302
TITLE	STD. <input type="checkbox"/> Delete
NAME	BEACH, RONALD E
STREET ADDRESS	170 E CENTER ST.
CITY-ST-ZIP	MARION OH
TITLE	D <input type="checkbox"/> Delete
NAME	WICKERSHAM, CHERLY
STREET ADDRESS	170 E. CENTER ST.
CITY-ST-ZIP	MARION OH
TITLE	D <input type="checkbox"/> Delete
NAME	HART, ROBERT L
STREET ADDRESS	170 EAST CENTER ST.
CITY-ST-ZIP	MARION OH 43302
TITLE	V <input type="checkbox"/> Delete
NAME	KIEWIT, PAUL
STREET ADDRESS	170 EAST CENTER ST.
CITY-ST-ZIP	MARION OH

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	
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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: *Ronald E. Beach* SIGNATURE REQUIRED **Ronald E. Beach** 4/26/00 (740) 382-4885
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)