

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003050

1. Entity Name

EASTSIDE CHRISTIAN CHURCH OF HIGHLANDS COUNTY, I

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90074 042 ****61.25

Principal Place of Business

Mailing Address

101 LEE AVE
LAKE PLACID FL 33852
US

101 LEE AVE
LAKE PLACID FL 33852-5469
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

59-2297969

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

COUCH, S. C.
2815 UNITAS RD
AVON PARK FL 33825

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	SD COUCH, JANET S 2815 UNITAS RD AVON PARK FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WD CROSBIE, PHILLIP 3740 SKIPPER RD SEBRING FL 33872	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUCH, S.C. 2815 UNITAS ROAD AVON PARK FL 33825	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAKE, EVA 434 LEAHY AVE LAKE PLACID FL 33852	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULMER, WALTER 447 CLARK AVE LAKE PLACID FL 33852	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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 #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

SIGNATURE 3-30-2000 863-452-1838