

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 21, 2000 08:00 AM
Secretary of State

DOCUMENT # N95000004019

1. Entity Name

CALVARY CHAPEL GAINESVILLE, INC.

Principal Place of Business

Mailing Address

P.O. BOX 140779

P.O. BOX 140779

GAINESVILLE FL
32614 US

GAINESVILLE FL
32614 US

2. Principal Place of Business

5510 SW 62ND AVENUE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

GAINESVILLE FL

City & State

GAINESVILLE FL

4. FEI Number

Applied For

☒ Not Applicable

Zip
32608

Country
US

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

MEILLEUR TED
9911 SW 54TH LANE

GAINESVILLE FL
32608 US

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 TED MEILLEUR

08/21/2000

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 D ☐ Delete
NAME WILD MALCOLM
STREET ADDRESS 3500 N. COURTENAY PARKWAY
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE D ☒ Change ☐ Addition
NAME KIRK WILLIAM
STREET ADDRESS 1039 SW 82ND TERRACE
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE D ☐ Delete
NAME HEIDE RUDI
STREET ADDRESS 3500 N. COURTENAY PARKWAY
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE D ☒ Change ☐ Addition
NAME GREISHAW BEN
STREET ADDRESS 15914 SW 75TH STREET
CITY-ST-ZIP ARCHER FL 32618

TITLE PSTD ☐ Delete
NAME MEILLEUR TED
STREET ADDRESS 9911 SW 54TH LANE
CITY-ST-ZIP GAINESVILLE FL 32608

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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.