

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90185 001 \*\*\*\*61.25

**DOCUMENT # N97000002746**

1. Entity Name

**RUSKIN CHURCH OF CHRIST, INC.**

Principal Place of Business

Mailing Address

**RUSTKIN CHURCH OF CHRIST INC  
 611 2ND AVE NW  
 RUSKIN FL 33570**

**P.O. BOX 1037  
 RUSKIN FL 33570-1037  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3457159**

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

**UPTGRAFF, DAN  
 611 2ND ST NW  
 RUSKIN FL 33570**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>UPTGRAFF, DAN</b>	
STREET ADDRESS	<b>10604 BILL TUCKER RD</b>	
CITY-ST-ZIP	<b>WIMAUMA FL</b>	
TITLE	<b>DC</b>	<input type="checkbox"/> Delete
NAME	<b>SOSBEE, DORIS</b>	
STREET ADDRESS	<b>2001-HEATHFIELD CIRCLE</b>	
CITY-ST-ZIP	<b>SUN CITY CENTER FL 33573</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>DELLINGER, LOLA</b>	
STREET ADDRESS	<b>P O BOX 7148 N/A</b>	
CITY-ST-ZIP	<b>SUN CITY CENTER FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>UPTGRAFF, PATRICIA</b>	
STREET ADDRESS	<b>10604 BILL TUCKER RD</b>	
CITY-ST-ZIP	<b>WIMAUMA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WRIGHT, BARBARA</b>	
STREET ADDRESS	<b>P O BOX 113 N/A</b>	
CITY-ST-ZIP	<b>RUSKIN FL 33570</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Patricia Uptgraft* **PATRICIA G. UPTGRAFF** 2-10-00 813 634484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)