

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2000 8:00 am
Secretary of State
 02-13-2000 90018 046 ****61.25

DOCUMENT # N98000004983

1. Entity Name

HUNTER'S CREEK COMMUNITY CHURCH, INC.

Principal Place of Business

**3190 TIMUCUA CIRCLE
 ORLANDO FL 32837
 US**

Mailing Address

**3190 TIMUCUA CIRCLE
 ORLANDO FL 32837-7126
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3529913

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

**DANIEL, MARK
 3190 TIMUCUA CIRCLE
 ORLANDO FL 32037**

Name

GARDNER E. DANIEL

Street Address (P.O. Box Number is Not Acceptable)

14319 ROXSHIRE DR.

City

ORLANDO

FL

Zip Code

32837

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/26/00

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	PD	<input checked="" type="checkbox"/> Delete
NAME	DANIEL, MARK	
STREET ADDRESS	3190 TIMUCUA CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DANIEL, GARDNER	
STREET ADDRESS	14319 ROXSHIRE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WHITE, JIM	
STREET ADDRESS	1847 RICHARDSON DRIVE	
CITY-ST-ZIP	ST CLOUD FL 34771	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KIERNAN, VERNER	
STREET ADDRESS	4848 BRIGHTMOOR CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PD	<input checked="" 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		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIERNAN, VERNER	
STREET ADDRESS	4848 BRIGHTMOOR CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32837	
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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/00

(407) 816-0827

Date

Daytime Phone #

CR2E037 (9/99)