

2001 UNIFORM BUSINESS REPORT (UBR)

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
US

2. Principal Place of Business

123 HAND ST.

Suite, Apt. #, etc.

3. Mailing Address

123 HAND ST.

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL.

Zip

34741

Country

OSCEOLA

City & State

KISSIMMEE, FL.

Zip

34741

Country

OSCEOLA

4. FEI Number

59-3529913

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DANIEL, GARDNER E
14319 ROXSHIRE DR
ORLANDO FL 32837

7. Name and Address of New Registered Agent

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DANIEL, MARK	
STREET ADDRESS	3190 TIMUCUA CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	PD	<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 BRIGHTMOUR 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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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] REQUIRED
DANIEL, GARDNER E, DANIEL, PRESIDENT

Date

2/27/01

Daytime Phone #

(407) 816-0827

FILED

Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90109 035 ****61.25

A0030017



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)