

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714174

1. Entity Name

PLEASANT VIEW BAPTIST CHURCH, INC., APOPKA

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90026 045 \*\*\*\*61.25

Principal Place of Business

1202 SOUTH CENTRAL AVENUE  
APOPKA FL 32703

Mailing Address

1202 SOUTH CENTRAL AVENUE  
APOPKA FLA 32703-7034

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

00-7590158

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MACON, LEE EDWARD  
2061 EATON ST.  
MAITLAND FL 32751

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 ☐ Delete  
NAME MACON, LEE EDWARD  
STREET ADDRESS 2061 EATON ST.  
CITY-ST-ZIP MAITLAND FL

TITLE S ☐ Delete  
NAME WOODS, SHIRLEY R  
STREET ADDRESS 245 E CLEVELAND ST.  
CITY-ST-ZIP APOPKA, FL 00000

TITLE D ☐ Delete  
NAME WOODS, MALACHI  
STREET ADDRESS 245 E CLEVELAND ST  
CITY-ST-ZIP APOPKA, FL 00000

TITLE T ☐ Delete  
NAME HIGHTOWER, EMSEY  
STREET ADDRESS 134 E 15TH ST  
CITY-ST-ZIP APOPKA, FL 00000

TITLE D ☐ Delete  
NAME PAYNE, CLEVELAND  
STREET ADDRESS 20 E. CLEVELAND ST.  
CITY-ST-ZIP APOPKA, FL 00000

TITLE T ☒ Delete  
NAME BRUNSON, JUDSON ROBERT  
STREET ADDRESS 135 W. 19 ST  
CITY-ST-ZIP APOPKA FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☐ Change ☒ Addition  
NAME Lorenzo Hughley  
STREET ADDRESS 147 W. 19th Street  
CITY-ST-ZIP APOPKA, FL 32703

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: *Lee Edward Macdon* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-00

Date

(407)647-8318

Daytime Phone #