

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763067

1. Entity Name

SPRING HILL UNITED CHURCH OF CHRIST, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90020 003 ****61.25

Principal Place of Business

Mailing Address

4244 MARINER BLVD.
SPRING HILL FL 34609

4244 MARINER BLVD.
SPRING HILL FL 34609-2471

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1908962

Applied For

Not Applied For

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

Name

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

City

FL

Zip Code

DUST, DONALD B
14460 MIDDLE FAIRWAY DR
BROOKSVILLE FL 34609

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

Donald B. Dust

Donald B. Dust (moderator)

DATE 1-20-2000

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

(NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete

NAME DUST, DONALD B
STREET ADDRESS 14460 MIDDLE FAIRWAY DR
CITY-ST-ZIP BROOKSVILLE FL 34613

TITLE ☒ Delete

NAME TD
STREET ADDRESS ALEXANDER, EDWIN
CITY-ST-ZIP 900 N BROAD ST., #4511
BROOKSVILLE FL

TITLE ☒ Delete

NAME CTD
STREET ADDRESS LAWRENCE, JAMES
CITY-ST-ZIP 9686 SOUTHERN BELL DR
SPRING HILL FL 34606

TITLE ☐ Delete

NAME TD
STREET ADDRESS MOFFATT, ALICE
CITY-ST-ZIP 14819 RIALTO AVE
BROOKSVILLE FL 34613

TITLE ☒ Delete

NAME TD
STREET ADDRESS SCHUSTER, JOHN
CITY-ST-ZIP 2151 COACHMAN RD
SPRING HILL FL 34608

TITLE ☐ Delete

NAME S
STREET ADDRESS CASS, JAMES
CITY-ST-ZIP 489 N TURKEY PINE LOOP
LECANTO FL 34461

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition

NAME TD
STREET ADDRESS Lawrence, James
CITY-ST-ZIP 9686 Southern Bell Dr. Brooksville.
FL. 34613

TITLE ☒ Change ☐ Addition

NAME CTD
STREET ADDRESS Capistrant, Phyllis
CITY-ST-ZIP 576 Bell Ave.
Brooksville, Fl. 34601

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME TD
STREET ADDRESS Hopkins, Ross (Ross)
CITY-ST-ZIP 8190 Sugarbush Drive
Spring Hill, FL. 34606

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.

SIGNATURE:

Donald B. Dust

1-20-2000

352 799 2426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #