

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748250

1. Entity Name

NEW LIFE PRESBYTERIAN CHURCH OF LAKE COUNTY, INC

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90005 003 ****70.00

Principal Place of Business

Mailing Address

201 LAVISTA ST
FRUITLAND PARK FL 34731

201 LAVISTA ST
FRUITLAND PARK FL 34731-4423

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2050661

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

BIRDSALL, WILLIAM
VIA MARCIA STREET AT TRINITY TRAIL
SPRING LAKE COMMUNITY
FRUITLAND PARK FL

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	VTSD	<input checked="" type="checkbox"/> Delete
NAME	HINDMAN, SCOTT	
STREET ADDRESS	700 BOYLESTON ST	
CITY-ST-ZIP	LEESBURY FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KEMP, JANICE	
STREET ADDRESS	33300 SOMERSET DR	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PARAVATI, PETER	
STREET ADDRESS	3401 PICCIOLA DR	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wayne Townsend	
STREET ADDRESS	1308 Pamona Lane	
CITY-ST-ZIP	Lady Lake, FL 32159	
TITLE	Secretary / Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bobbie Hull	
STREET ADDRESS	1410 S. 9th Street	
CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	President / Director	<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		<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: W. HINDMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-2000 352-728-1861

CF2E037 (9/99)