

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90242 001 \*\*\*\*61.25

**DOCUMENT # N44896**

1. Entity Name

**INTERLACHEN CHURCH OF THE NAZARENE, INCORPORATED**

Principal Place of Business

**179 MILLER SQUARE  
 INTERLACHEN FL 32148**

Mailing Address

**179 MILLER SQUARE  
 INTERLACHEN FL 32148-4127**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3080349**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PFLEGER, LOUIS  
 101 MILLERS SQUARE  
 INTERLACHEN FL 32148**

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

*Louis Pfleger* **Louis Pfleger Chairman of Bd. 4-28-00**  
 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	TR	<input type="checkbox"/> Delete
NAME	SAUCER, T	
STREET ADDRESS	169 MILLER SQ	
CITY-ST-ZIP	INTERLACHEN FL 32148	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	CARTER, JUDY	
STREET ADDRESS	RT2 BOX 208F	
CITY-ST-ZIP	INTERLACHEN FL 32148	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	PFLEGER, D	
STREET ADDRESS	101 MILLER SQUARE	
CITY-ST-ZIP	INTERLACHEN FL 32148	
TITLE	T	<input type="checkbox"/> Delete
NAME	SAUCER, A	
STREET ADDRESS	169 MILLER SQ	
CITY-ST-ZIP	INTERLACHEN FL 32148	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUCER Thomas	
STREET ADDRESS	106 64th St	
CITY-ST-ZIP	INTERLACHEN, FL 32148	
TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, Jim	
STREET ADDRESS	102 Mangles	
CITY-ST-ZIP	INTERLACHEN, FL 32148	
TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAND, Shirley	
STREET ADDRESS	11070 NE 212 LANE	
CITY-ST-ZIP	FT McLOY, FL 32134	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUCER Aubaleen	
STREET ADDRESS	106 64th St	
CITY-ST-ZIP	INTERLACHEN, FL 32148	
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:

*Aubaleen Saucer* **Aubaleen Saucer 4-25-2000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF12E037 (9/99)