

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763067

1. Entity Name

SPRING HILL UNITED CHURCH OF CHRIST, INC.

Principal Place of Business

4244 MARINER BLVD.
SPRING HILL FL 34609

Mailing Address

4244 MARINER BLVD.
SPRING HILL FL 34609

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 Applicable

Zip

Country

Zip

Country

34609-2471

USA

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

MEYER, LAWRENCE J.
2260 PRINCE CHARLES CT
SPRING HILL FL 34606

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
NAME
STREET ADDRESS
CITY-ST-ZIP
MEYER, LAWRENCE J
2260 PRINCE CHARLES CT
SPRING HILL FL 34606 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CTD
CAPISTRANT, PHYLLIS
576 BELL AVE
BROOKSVILLE FL 34601 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CTD
CATHERINE BLACKWELL
4383 COLLINS RD
SPRING HILL FL 34606 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
LAWRENCE, JAMES
9686 SOUTHERN BELL DR
BROOKSVILLE FL 34613 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
DAVID WARMAN
3154 FLAMINGO BLVD
HERNANDO BEACH FL 34607 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LOHNES, CAROLYN
6965 PEAR LEAF COURT
SPRING HILL FL 34606 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FS
NIEMANN, ELTON A
400 EDISON ST
SPRING HILL FL 34608 ☐ Delete

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

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

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

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

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90075 017 ****61.25



DO NOT WRITE IN THIS SPACE

CR2F037 (9/01)