

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90060 027 ****61.25

DOCUMENT # 700967

1. Entity Name

CHURCH OF CHRIST LAKE WORTH INC

Principal Place of Business

Mailing Address

**CHURCH OF CHRIST
 20791 POWELL ROAD
 DUNNELLON FL 34430
 US**

**VICTOR R JARRELL
 8708 E ELKAM BLVD
 DUNNELLON FL 34433
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6554159

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

**VICTOR R JARREL
 8708 N ELKAM BLVD
 DUNNELLON FL 34433**

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 ☐ Delete
 NAME **TD**
 STREET ADDRESS **JARRELL, MICHAEL**
 CITY-ST-ZIP **RT 13 BOX 278
 LAKE CITY FL**

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **JARRELL, VICTOR R**
 CITY-ST-ZIP **8708 N ELKAM BLVD
 DUNNELLON FL 34433**

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **JARRELL, LINDA L**
 CITY-ST-ZIP **8708 N ELKAM BLVD
 DUNNELLON FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
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 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Victor R Jarrell 1/4/2001 352-489-8338
 Date Daytime Phone #

CR2E037 (10/00)