

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701818

1. Entity Name

First Church of Christ, Scientist,
Largo, Florida

Principal Place of Business

Mailing Address

2790 Sunnybreeze Ave. S.W.
Largo, FL 33770

Christian Sc. Reading
1901 W. Bay Dr. #8
Largo, FL 33770

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Smith, Patricia Perry
13751 89th Avenue North
Seminole, FL 33776

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 S ☐ Delete
NAME Smith, Patricia Perry
STREET ADDRESS 13751 89th Ave. N.
CITY-ST-ZIP Seminole, FL 33776

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

TITLE D ☐ Delete
NAME Shaw, Lynn
STREET ADDRESS 14255 Rosemary Lane #8306
CITY-ST-ZIP Largo, FL 33774

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

TITLE AT ☐ Delete
NAME Meyer, Marion
STREET ADDRESS 226 Brandywine Dr.
CITY-ST-ZIP Largo, FL 33771

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

TITLE T ☐ Delete
NAME Eschenroeder, Roger
STREET ADDRESS 13620 49th St.
CITY-ST-ZIP Clearwater, FL 33762

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

TITLE D ☐ Delete
NAME Atteberry, Judy
STREET ADDRESS 421 Belle Isle
CITY-ST-ZIP Belleair Beach, FL 33786

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/01 727-584-8068
Date Daytime Phone #

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90040 015 ****61.25

A0024830

DO NOT WRITE IN THIS SPACE

CR2E037 (11/00)