

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702210

1. Entity Name

PALO ALTO CHURCH OF CHRIST INC

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90177 040 ****61.25

Principal Place of Business

Mailing Address

3119 HWY 231
PANAMA CITY FL 32405
US

P O BOX 906
PANAMA CITY FLA 32402-0906
US

2. Principal Place of Business

3. Mailing Address

3119 Hwy 231

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Panama City, FL

4. FEI Number

59-1701205

Applied For

Not Applicable

Zip

Country

Zip

Country

32405 US

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

TUGGLE, RICHARD
755 ROSEMONT
PANAMA CITY FL 32405

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 ☐ Delete
NAME D
STREET ADDRESS HARRISON, W GERALD
CITY-ST-ZIP 379 BUNKERS COVE RD
PANAMA CITY, FL 00000

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

TITLE ☐ Delete
NAME TD
STREET ADDRESS TUGGLE, RICHARD
CITY-ST-ZIP 755 ROSEMONT DR.
PANAMA CITY, FL 00000

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

TITLE ☐ Delete
NAME D
STREET ADDRESS KELLER, JOE
CITY-ST-ZIP 116 BUNKERS COVE RD.
PANAMA CITY FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS JOHN L JOHNSON
CITY-ST-ZIP 3116 SARASOTA AVE
PANAMA CITY FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone

CR2E037 (9/99)