

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90028 001 ****61.25

DOCUMENT # 702218

1. Entity Name

FIRST UNITED PRESBYTERIAN CHURCH, TEQUESTA, FLOR

Principal Place of Business

Mailing Address

482 TEQUESTA DR.
TEQUESTA FL 33469

482 TEQUESTA DR.
TEQUESTA FLA 33469-2586

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

59-1237866

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

HERSEY, DONALD D
482 TEQUESTA DRIVE
TEQUESTA FL 33469

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	PD	<input checked="" type="checkbox"/> Delete
NAME	MOTE, BILL	
STREET ADDRESS	482 TEQUESTA DRIVE	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HQWTHORNE, CHARLES	
STREET ADDRESS	482 TEQUESTA DR	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HOFFMAN, RUSSELL	
STREET ADDRESS	482 TEQUESTA DR	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HERSEY, DONALD D	
STREET ADDRESS	482 TEQUESTA DR.	
CITY-ST-ZIP	TEQUESTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Hawthorne	
STREET ADDRESS	482 Tequesta Drive	
CITY-ST-ZIP	Tequesta, FL 33469	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Russell Hoffman	
STREET ADDRESS	482 Tequesta Drive	
CITY-ST-ZIP	Tequesta, FL 33469	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Judie Wood	
STREET ADDRESS	482 Tequesta Drive	
CITY-ST-ZIP	Tequesta, FL 33469	
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		

i2. 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

Date

Daytime Phone #

CEP25027 (01/00)