

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90090 027 ****61.25

DOCUMENT # 702579

1. Entity Name

GOLDEN TRIANGLE COMMUNITY CHAPEL, INC.

Principal Place of Business

3601 WEST OLD US 441
MT. DORA FL 32757
US

Mailing Address

3601 WEST OLD US 441
MT. DORA FL 32757
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2506154

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

HOLDEN, CLIFFORD
511 COVENTRY CT.
MT DORA FL 32757

7. Name and Address of New Registered Agent

Name

DAVID WALKER

Street Address (P.O. Box Number is Not Acceptable)

244 WEST WARD AVE

City

EUSTIS

FL

Zip Code

32726

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

David Walker

DAVID WALKER

2-3-01

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 VP ☐ Delete
NAME GREEN, DONALD
STREET ADDRESS 41312 CR 452
CITY-ST-ZIP LEESBURG FL

TITLE T ☒ Delete
NAME SMITH, EARL
STREET ADDRESS 2011 FLORENCE RD
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE T ☐ Delete
NAME WALKER, DAVID
STREET ADDRESS 244 WEST WARD
CITY-ST-ZIP EUSTIS FL 32726

TITLE T ☐ Delete
NAME BARBANO, RALPH
STREET ADDRESS 3415 MARY LN
CITY-ST-ZIP MOUNT DORA FL 32788

TITLE T ☐ Delete
NAME ROBINSON, GORDON
STREET ADDRESS 31618 ALANA CT.
CITY-ST-ZIP TAVARES FL 32778

TITLE CP ☒ Delete
NAME HOLDEN, CLIFFORD
STREET ADDRESS 511 COVENTRY CT
CITY-ST-ZIP LEESBURG FL 32757

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE T ☐ Change ☐ Addition
NAME VINCENT BOLEVICH
STREET ADDRESS Imperial Terrace
CITY-ST-ZIP 31642 INDIANA AVE TAVARES FL 32778

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

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

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

TITLE T ☐ Change ☐ Addition
NAME Tom Chisholm
STREET ADDRESS 127 Woods N. WARD DR.
CITY-ST-ZIP MT DORA FL 32757

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 (10/00)