

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704157

1. Entity Name

FIRST CHRISTIAN CHURCH OF BRANDON, FLORIDA, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90022 045 ****61.25

Principal Place of Business

Mailing Address

207 NEW HOPE ROAD
BRANDON FL 33510-3602

207 NEW HOPE ROAD
BRANDON FL 33510-3604

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1888849

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

KLAUS, RALPH
2503 WHISPER LANE
VALRICO FL 33594

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

Ralph Klaus

Ralph Klaus/Chairman of the Board

1-9-00

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	CT	<input type="checkbox"/> Delete
NAME	KLAUS, RALPH	
STREET ADDRESS	2503 WHISPER LANE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	VCT	<input type="checkbox"/> Delete
NAME	HEFNER, DAN	
STREET ADDRESS	2600 WILLIAMS RD	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ALLEN, JAMES	
STREET ADDRESS	2705 HERNDON CT	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Ralph Klaus
Ralph Klaus

1-9-00

813-654-1787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)