

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706330

1. Entity Name

FIRST CHURCH OF CHRIST, SCIENTIST, SEMINOLE, FLO

FILED

Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90172 015 ****61.25

Principal Place of Business

Mailing Address

11125 PARK BLVD.
UNIT 112
SEMINOLE FL 33772
US

11125 PARK BLVD.
UNIT 112
SEMINOLE FL 33772-4700
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT 112

UNIT 112

City & State

City & State

4. FEI Number

59-2846974

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

RICHARD, LYNN Z
9949 69TH STREET NORTH
PINELLAS PARK FL 33782

Name

CORMIER, MRS. J. LYNN

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

3500 7th Av. N.

City

St. Petersburg

FL

Zip Code

33713

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 CD ☒ Delete
NAME CARD, EUGENE E JR
STREET ADDRESS 15735 FIRST ST E
CITY-ST-ZIP REDINGTON BEACH FL 33708

TITLE CD ☒ Change ☐ Addition
NAME Mrs. Margaret C. Bronson
STREET ADDRESS 5660 80th St. N. # B108
CITY-ST-ZIP St. Petersburg, Fl. 33709

TITLE TD ☐ Delete
NAME ZABRISKIE, HELEN M
STREET ADDRESS 9790 66TH STREET N., LOT 110
CITY-ST-ZIP PINELLAS PARK FL 33782

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

TITLE D ☒ Delete
NAME REINKEN, SARA
STREET ADDRESS 5246 81ST N, #15
CITY-ST-ZIP ST PETERSBURG FL 33709 deceased

TITLE SD ☐ Change ☒ Addition
NAME Mrs. J. Lynn Cormier
STREET ADDRESS 3500 7th Av. N.
CITY-ST-ZIP St. Petersburg, Fl. 33713

TITLE VD ☐ Delete
NAME BEIGEL, ORRILL
STREET ADDRESS 9167 48TH AVE N
CITY-ST-ZIP ST, PETERSBURG FL 33709-5815

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

TITLE D ☒ Delete
NAME HASTERLIK, DOROTHY
STREET ADDRESS 577 NORMANDY RD
CITY-ST-ZIP MADEIRA BEACH FL 33708

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

TITLE MD ☐ Delete
NAME LIVINGSTON, VERA S.
STREET ADDRESS 361 BOCA CIEGA DRIVE
CITY-ST-ZIP MADEIRA BEACH FL

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:

Helena Zabriskie

3/27/2000

727-544-4805

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)