

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708741

1. Entity Name

DAYTONA CHURCH OF THE UNITED BRETHREN IN CHRIST,

Principal Place of Business

560 FLOMICH AVENUE
HOLLY HILL FL 32117-1618

Mailing Address

560 FLOMICH AVENUE
HOLLY HILL FL 32117-1618

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

59-1429254

Applied For

Not Applicable

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

MCKEOWN, ROBERT C. (CHUCK)
1650 CENTER STREET
HOLLY HILL FL 32117

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

Robert C "Chuck" McKeown

1-4-00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME MCKEOWN, CHUCK
STREET ADDRESS 1650 CENTER ST.
CITY-ST-ZIP HOLLY HILL FL

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

TITLE S ☐ Delete
NAME MCKEOWN, VICK L.
STREET ADDRESS 1650 CENTER AVE.
CITY-ST-ZIP HOLLY HILL FL

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

TITLE T ☐ Delete
NAME BRYANT, BRENDA
STREET ADDRESS 603 15TH STREET
CITY-ST-ZIP HOLLY HILL FL

TITLE T ☒ Change ☐ Addition
NAME BUDZICEK, BRENDA
STREET ADDRESS 1654 CENTER AVE
CITY-ST-ZIP HOLLY HILL FL 32117

TITLE D ☐ Delete
NAME EVANS, STEVE
STREET ADDRESS 1715 DERBYSHIRE ROAD
CITY-ST-ZIP HOLLY HILL FL

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

TITLE D ☐ Delete
NAME DAVID HULL
STREET ADDRESS 1608 RIVERSIDE DRIVE
CITY-ST-ZIP HOLLY HILL FL

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

TITLE D ☐ Delete
NAME SILAS FOUNTAIN
STREET ADDRESS 1053 SOUTH NOVA ROAD
CITY-ST-ZIP ORMOND 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:

Robert C "Chuck" McKeown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904
1-4-00 1677-6940

CR2E037 (9/99)