

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90074 039 \*\*\*\*61.25

**DOCUMENT # 708741**

1. Entity Name

**DAYTONA CHURCH OF THE UNITED BRETHREN IN CHRIST, INC.**

Principal Place of Business

Mailing Address

**560 FLOMICH AVENUE  
 HOLLY HILL FL 32117-1618**

**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

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 **BUDZILEK, BRENDA**  
 STREET ADDRESS **1654 CENTER AVE**  
 CITY-ST-ZIP **HOLLY HILL FL 32117**

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

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 conservator of the corporation 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 an other like error noted.

SIGNATURE: **CHUCK MCKEOWN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-28-02 677-6940**

CR2E037 (9/01)