## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Mar 20, 2001 8:00 am s Secretary of State **DÖCUMENT # 709259** 1. Entity Name GULF COAST CHURCH OF CHRIST OF SOUTHWEST FLORIDA 03-20-2001 90005 008 \*\*\*\*61.25 Principal Place of Business Mailing Address 3825 MCGREGOR BLVD 3825 MCGREGOR BLVD FT MYERS FL 33901 FT MYERS FL 33901 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2167051 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name <u>David H. Tharpe</u> Street Address (P.O. Box Number is Not Acceptable) 7212 Swan Lake Drive LOWE, BOB 3825 MCGREGOR BLVD FORT MYERS FL 33901 Fort Myers Zip Code 33919 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. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change DC Delete TITLE TITLE NAME LOWE, BOB NAME STREET ADDRESS STREET ADDRESS 2318 ALDRIDGE AVE. CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL ☐ Addition ☐ Change TD TITLE ☐ Delete BETTS, GENE NAME NAME STREET ADDRESS STREET ADDRESS 7 BROADWAY CIR CITY-ST-ZIP CITY-ST-ZIP-FT MYERS FL" ☐ Change Addition ☐ Delete TITLE TITLE NAME LOVE. BILL NAME STREET ADDRESS 7591 WOODLAND BEND CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33912 ★ Change ☐ Addition ☐ Delete TITLE TITLE THARPE, DAVID H NAME Tharpe, David H. NAME STREET ADDRESS 7212 SWAN LAKE DRIVE STREET ADDRESS 7212 Swan Lake Drive CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33919 Fort Myers, FL 33919 ☐ Change ☐ Addition Delete TITLE TITLE ATKINS, FREDERICK C NAME NAME STREET ADDRESS 1349 SE 4TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33990 TITLE ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 appress, with all other like empowered.

SIGNATURE: