

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90047 036 \*\*\*\*61.25

**DOCUMENT # 711029**

1. Entity Name

**FIRST CHURCH OF CHRIST, SCIENTIST, HOLMES BEACH,**

Principal Place of Business

Mailing Address

6300 MARINA DRIVE BOX 1157  
 HOLMES BEACH FL 34218

6300 MARINA DRIVE BOX 1157  
 HOLMES BEACH FL 34217-1526

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1226175**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WRIGHT, BARBARA**  
**508 69TH ST N.**  
**HOLMES BEACH FL 34217**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
S	WRIGHT, BARBARA	508 69TH ST N.	HOLMES BEACH FL 34217	<input type="checkbox"/>
BDS	DIEFFENWERTH, SUSAN	4207 CAPE VISTA DRIVE WEST	BRADENTON FL 34209	<input checked="" type="checkbox"/>
BDC	REED, CHARLES V.	614 GLADSTONE LANE	HOLMES BEACH FL 34217	<input type="checkbox"/>
BD	HEKING, DONALD	3618 SOUTHERN PARKWAY WEST	BRADENTON FL 34205	<input checked="" type="checkbox"/>
BDTV	MUNCY, JEAN E.	3618 57TH AVE DR W	BRADENTON FL 34210	<input type="checkbox"/>
BD	ROBERTS, SALLY P.	202 75TH ST	HOLMES BEACH FL 34217	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
BDS	LUCILLE ELLIOTT	6017 BARONET	HOLMES BEACH, FL, 34217	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BD	DOROTHY EBERT	749 SPANISH DR. N	LONGBOAT KEY FL 34228	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BDT	JEAN E MUNCY	3618 57TH AVE DR. W	BRADENTON, FL 34210	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BDV	ROBERTS, SALLY P.	202 75TH ST.	HOLMES BEACH, FL. 34217	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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:

*Barbara R. Wright*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)