

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**  
 05-20-2002 90072 042 \*\*\*\*61.25

**DOCUMENT # 712113**

1. Entity Name

**GRACE BRETHREN CHURCH OF MAITLAND, FLORIDA, INC.**

Principal Place of Business

Mailing Address

1185 N. WYMORE RD.  
 MAITLAND FL 32751

1185 N. WYMORE RD.  
 MAITLAND FL 32751

0-1001



DO NOT WRITE IN THIS SPACE

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

59-2124090

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

**BUTLER, BEN L**  
**357 BANYAN DR**  
**MAITLAND FL 32751**

Name **Jim Peacock**

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

**1185 N. Wymore Rd.**

City **Maitland**

FL

Zip Code **32751**

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 **Jim Peacock, President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**04/21/02**

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 **PMD**  
 NAME **GUILES, RON** ☒ Delete  
 STREET ADDRESS **1185 N. WYMORE RD.**  
 CITY-ST-ZIP **MAITLAND FL**

TITLE **D**  
 NAME **JOHN NEST** ☐ Change ☒ Addition  
 STREET ADDRESS **235 LAKE SEMINARY CIRCLE**  
 CITY-ST-ZIP **MAITLAND, FL. 32751**

TITLE **DT**  
 NAME **BUTLER, BEN** ☐ Delete  
 STREET ADDRESS **1185 N WYMORE RD**  
 CITY-ST-ZIP **MAITLAND FL**

TITLE **D**  
 NAME **Ben Butler** ☒ Change ☐ Addition  
 STREET ADDRESS **357 Banyan Drive**  
 CITY-ST-ZIP **Maitland, FL. 32751**

TITLE **DT**  
 NAME **HERZIG, DAVID** ☒ Delete  
 STREET ADDRESS **637 KEY DEER CT**  
 CITY-ST-ZIP **APOPKA FL**

TITLE **DT**  
 NAME **WILLIAM DRAGOMIR** ☐ Change ☒ Addition  
 STREET ADDRESS **1020 SHEELER AVE**  
 CITY-ST-ZIP **APOPKA, FL. 32703**

TITLE **VDT**  
 NAME **BERKLAND, MARK** ☐ Delete  
 STREET ADDRESS **369 BANYON DR.**  
 CITY-ST-ZIP **MAITLAND FL 32751**

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

TITLE **PMD**  
 NAME **PEACOCK, JIM** ☐ Delete  
 STREET ADDRESS **1185 N. WYMORE RD**  
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **PMD**  
 NAME **JIM PEACOCK** ☒ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DT**  
 NAME **John Nest** ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

CR2E037 (9/01)

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: **X**

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/30/02**

**407-539-1111**

Date

Daytime Phone #