

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713452

1. Entity Name

HIGHLANDS PRESBYTERIAN CHURCH

Principal Place of Business

1001 NORTHEAST 16 AVENUE  
GAINESVILLE FL 32601

Mailing Address

1001 NORTHEAST 16 AVENUE  
GAINESVILLE FL 32601

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1209611

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FERGUSON, HOMER  
1040 N E 13TH PLACE  
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

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

TITLE NAME	D DAVIS, BRUCE R	<input type="checkbox"/> Delete
STREET ADDRESS	3929 S.W. 4TH PLACE	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE NAME	D ACKLEY, LARRY	<input type="checkbox"/> Delete
STREET ADDRESS	8610 SW 23RD PL	
CITY - ST - ZIP	GAINESVILLE FL 32605	
TITLE NAME	D SULLIVAN, STEVE	<input type="checkbox"/> Delete
STREET ADDRESS	10405 N.W. 4TH PLACE	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE NAME	D DUPREE, RALPH	<input type="checkbox"/> Delete
STREET ADDRESS	2011 NW 46TH ST.	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE NAME	D CARTER, PAUL	<input type="checkbox"/> Delete
STREET ADDRESS	1952 NW 43RD AVE	
CITY - ST - ZIP	GAINESVILLE FL 32607	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Carter

4/20/01

Date

352 378 2440

Daytime Phone #

FILED  
Apr 26, 2001 8:00 am  
Secretary of State

04-26-2001 90075 023 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)