

2002 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

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

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 D
NAME DAVIS, BRUCE R
STREET ADDRESS 3929 S.W. 4TH PLACE
CITY-ST-ZIP GAINESVILLE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME ACKLEY, LARRY
STREET ADDRESS 8610 SW 23RD PL
CITY-ST-ZIP GAINESVILLE FL 32605

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME SULLIVAN, STEVE
STREET ADDRESS 10405 N.W. 4TH PLACE
CITY-ST-ZIP GAINESVILLE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME DUPREE, RALPH
STREET ADDRESS 2011 NW 46TH ST.
CITY-ST-ZIP GAINESVILLE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME CARTER, PAUL
STREET ADDRESS 1952 NW 43RD AVE
CITY-ST-ZIP GAINESVILLE FL 32607

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: SIG Bruce R Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/02

(352)376-2440

FILED
Jul 28, 2002 8:00 am
Secretary of State
07-28-2002 90198 049 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)