

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714026

1. Entity Name

CREEKSIDE COMMUNITY CHURCH, INCORPORATED

Principal Place of Business

Mailing Address

2640 NORTHWEST 39TH AVENUE
GAINESVILLE FL 32605

2640 NORTHWEST 39TH AVENUE
GAINESVILLE FL 32605-2261

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

59-1665493

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

PARKER, RICHARD
2640 NW 39TH. AVE.
GAINESVILLE FL 32605

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
VD
BURKHOLDER, RICK
6119 NW 43RD AVE
GAINESVILLE FL 32606 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DORMAN, STEVE
2610 NW 38TH ST
GAINESVILLE FL 32605 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Knox Gilmore
2230 NW 20 Court
Gainesville, FL 32605 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
JONES, KENT
5302 NW 34TH PL
GAINESVILLE FL 32606 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
Ken Kurdziel
3032 NW 23rd Terrace
Gainesville, FL 32605 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
HICKOX, FRANK
3328 NW 38TH ST
GAINESVILLE FL ☐ 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

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:

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

Date

Daytime Phone #

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90052 002 ****70.00



DO NOT WRITE IN THIS SPACE