

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716982

1. Entity Name

WESTMINSTER PRESBYTERIAN CHURCH OF CASSELBERRY, INC.

Principal Place of Business

2641 RED BUG ROAD
CASSELBERRY FL 32707
US

Mailing Address

2641 RED BUG ROAD
CASSELBERRY FL 32707
US

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

59-1576751

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

VILLILO, MARY L
1089 FRANGIPANI LANE
CASSELBERRY FL 32707

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

Mary L Villilo

MARY VILLILO

1/29/02

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 PD
NAME MISKEWITZ, STEVE
STREET ADDRESS 1932 TEMPLE DRIVER
CITY - ST - ZIP WINTER PARK FL 34789 ☐ Delete

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

TITLE PT
NAME VICK, JERRY
STREET ADDRESS 801 LAKE CHARM DRIVE
CITY - ST - ZIP OVIEDO FL 32762-0528 ☒ Delete

TITLE PT
NAME Brenda Tompkins
STREET ADDRESS P.O. Box 1433
CITY - ST - ZIP Goldenrod, FL 32733 ☒ Change ☐ Addition

TITLE TS
NAME VILLILO, MARY
STREET ADDRESS 1089 FRANGIPANI LANE
CITY - ST - ZIP CASSELBERRY FL 32707 ☐ Delete

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

TITLE TD
NAME CHAPMAN, SUSAN
STREET ADDRESS 912 OAKFOREST DRIVE
CITY - ST - ZIP WINTER SPRINGS FL 32708 ☐ 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:

Mary Villilo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/02

Date

407-699-0432

Daytime Phone #

CR2E037 (9/01)