

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 04, 2001 8:00 am**  
**Secretary of State**

06-04-2001 90009 042 \*\*\*\*61.25

9C 2001

**DOCUMENT # 730992**

1. Entity Name

**ST. THOMAS EPISCOPAL CHURCH**

Principal Place of Business

317 S MARY ST.  
 EUSTIS FL 32726  
 US

Mailing Address

317 S. MARY STREET  
 EUSTIS FL 32726  
 US

001130



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0951532

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BUJE, PATRICIA**  
**1725 HAMILTON ST**  
**EUSTIS FL 32726**

*Name change*

Name **PATRICIA KOELLEN**

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

**1725 HAMILTON STREET**

City **EUSTIS**

FL

Zip Code **32726**

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

*Patricia Koellen*

**5-31-2001**

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

(NOT) Registered Agent's 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  Delete  
 NAME **DVP**  
 STREET ADDRESS **CAMPIONE, DAVID**  
 CITY-ST-ZIP **34317 WINDLEY CIRCLE**  
**EUSTIS FL 32726**

TITLE  Change  Addition  
 NAME **DVP**  
 STREET ADDRESS **Mcquistion, PAUL**  
 CITY-ST-ZIP **3418 MANATEE DRIVE**  
**TAVARES, FL 32778**

TITLE  Delete  
 NAME **P**  
 STREET ADDRESS **HARDMAN, CHRISTOPHER**  
 CITY-ST-ZIP **410 E. WASHINGTON AVE.**  
**EUSTIS FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DVP**  
 STREET ADDRESS **ELKIAN, ALBERT**  
 CITY-ST-ZIP **1460 EDITH STREET**  
**EUSTIS FL 32726**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S**  
 STREET ADDRESS **COX, BEVERLY**  
 CITY-ST-ZIP **P.O. BOX 748**  
**UMATILLA FL 32784**

TITLE  Change  Addition  
 NAME **S**  
 STREET ADDRESS **POTTER, MONIKA**  
 CITY-ST-ZIP **3720 OAK LANE**  
**UMATILLA, FL 32784**

TITLE  Delete  
 NAME **T**  
 STREET ADDRESS **CARTER, MARJORIE**  
 CITY-ST-ZIP **533 HAWLEY STREET**  
**EUSTIS FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 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:

*Patricia Koellen* (EQUIP)

**5-31-2001 (352) 357-4358**

CR2E037 (10/00)