

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731066

1. Entity Name

UPPER ROOM CHAPEL INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90048 003 ****70.00

Principal Place of Business

Mailing Address

159 NORTH GAINS STREET
OAK HILL FL 32759

%ALVIN E. FUTCH
P.O. BOX 332
OAK HILL FL 32759-0332

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

59-3544193

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FUTCH, ALVIN E
216 ADAMS STREET
P O BOX 332
OAK HILL FL 32759

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 ☐ Delete
NAME D
STREET ADDRESS FUTCH, VERA E.
CITY-ST-ZIP 216 ADAMS ST.
OAK HILL FL

TITLE ☐ Change ☒ Addition
NAME V.P.
STREET ADDRESS Michael H. Stewart
CITY-ST-ZIP 6022 Dalford Rd.
Port Orange, Fl. 32127

TITLE ☐ Delete
NAME STD
STREET ADDRESS FUTCH, ALVIN E.
CITY-ST-ZIP 216 ADAMS ST.
OAK HILL FL

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Christine M. Stewart
CITY-ST-ZIP 6022 Dalford Rd.
Port Orange, Fl. 32127

TITLE ☐ Delete
NAME D
STREET ADDRESS FUTCH, GRACE E.
CITY-ST-ZIP 402 WARD DR.
OAK HILL FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS FUTCH, ARCHIE M
CITY-ST-ZIP 402 WARD DR.
OAKHILL FL

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

TITLE ☐ Delete
NAME P
STREET ADDRESS LUCAS, BELVA B
CITY-ST-ZIP 3031 JUNIPER STREET
EDGEWATER FL 32114

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

TITLE ☐ Delete
NAME D
STREET ADDRESS LUCAS, PATRICIA A
CITY-ST-ZIP 3031 JUNIPER STREET
EDGEWATER FL 32114

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:

SIGNATURE REJECTED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-08-00 904-345-3612

CR2E037 (9/99)