

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732812

1. Entity Name

FIRST UNITED PENTECOSTAL CHURCH OF CLEWISTON, IN

Principal Place of Business

RIDGDILL RD & EVERCANE RD
RT 1 BOX 338A
CLEWISTON FL 33440

Mailing Address

RIDGDILL RD & EVERCANE RD
RT 1 BOX 338A
CLEWISTON FL 33440-9758

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

65-0158870

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

HARRIS, JONATHAN MARK
RT. 1, BOX 338A
CLEWISTON FL 33440

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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	SD			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	HARRIS, MICHELE A.	RT. 1, BOX 338A	CLEWISTON, FL 00000							
	P			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	HARRIS, J. MARK	RT. 1, BOX 338A	CLEWISTON, FL 00000							
	D			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	REYNOLDS, T M	ROUTE 1, BOX 71	CLEWISTON, FL 00000							
	D			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	WHITE, JOHN W.	1642 TAMMY RD	CLEWISTON FL							
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: Jonathan Mark Harris 01-12-00 863-983-2338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)