~2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 734778** Feb 21, 2000 8:00 am 1. Entity Name Secretary of State THE FIRST UNITED PRESBYTERIAN CHURCH OF EUSTIS. 02-21-2000 90015 003 ****61.25 Principal Place of Business Mailing Address 117 SOUTH CENTER ST 117 SOUTH CENTER ST EUSTIS FL 32726 EUSTIS FL 32726-4101 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-0806973 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) SEMENTO, LAWRENCE J **531 N BAY ST** EUSTIS FL 32726 City 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: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. Addition TITLE Delete TITLE D 200 East 10th Ave. #5 ARMISTEAD, BUD NAME NAME STREET ADDRESS STREET ADDRESS 601 N. MCDONALD STREET. #301 CITY-ST-ZIP CITY-ST-ZIP Dora MT DORA FL Delete ☐ Change TITLE. D TITLE Grassel Lake Junietta orne NAME AYERS: ALIOE NAME STREET ADDRESS STREET ADDRESS 120 E. CYPRESS AVENUE CITY-ST-7IP CITY-ST-ZIP HOWEY IN THE HILLS FL TITLE Delete TITLE ☐ Change Addition Knorr Broadway, Ginny NAME STREET ADDRESS ADDRESS 1597 EUSTIS ROAD 3 2726 ST 7/P CITY-ST-ZIP EUSTIS FL Delete TITLE ☐ Change Addition SEMENTO, LAWRENCE J NAME ADDDEC STREET ADDRESS 531 N BAY ST ST-ZIP CITY-ST-ZIP **EUSTIS FL 32726** ☐ Delete ☐ Change Addition ************* STREET ADDRESS ST ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME ADDRESS STREET ADDRESS ST-ZIP CITY-ST-ZIP

I hereby certify that the information symplical 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 profuse 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.

MATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 1/28/00 (352) 357-0