

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90065 016 ****61.25

DOCUMENT # 734778

1. Entity Name

THE FIRST UNITED PRESBYTERIAN CHURCH OF EUSTIS,

Principal Place of Business

**117 SOUTH CENTER ST
EUSTIS FL 32726
US**

Mailing Address

**117 SOUTH CENTER ST
EUSTIS FL 32726
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

59-0806973

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

**SEMENTO, LAWRENCE J
531 N BAY ST
EUSTIS FL 32726**

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 **D** ☐ Delete
NAME **ACHESON, JAN**
STREET ADDRESS **200 E 10 AVE # 5**
CITY-ST-ZIP **MOUNT DORA FL 32757**

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

TITLE **D** ☐ Delete
NAME **GRASSOL, BELITA**
STREET ADDRESS **14322 LAKE JUNIETTA DR**
CITY-ST-ZIP **TAVARES FL 32778**

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

TITLE **D** ☐ Delete
NAME **KNOCC, KEN**
STREET ADDRESS **922 WASHINGTON AVE**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **PD** ☒ Change ☐ Addition
NAME **KNORR, KEN**
STREET ADDRESS **922 Washington Ave.**
CITY-ST-ZIP **EUSTIS, FL 32726**

TITLE **PD** ☐ Delete
NAME **SEMENTO, LAWRENCE J**
STREET ADDRESS **531 N BAY ST**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **DS** ☒ Change ☐ Addition
NAME **SEMENTO, LAWRENCE**
STREET ADDRESS **3321 FOXBORO CT.**
CITY-ST-ZIP **Mt. Dora, FL 32757**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

(352) 357-0770

Date

Daytime Phone #

CR2E037 (10/00)