

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90303 011 ****61.25

DOCUMENT # 734778

1. Entity Name

**THE FIRST UNITED PRESBYTERIAN CHURCH OF EUSTIS,
FLORIDA**

Principal Place of Business

Mailing Address

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	D ACHESON, JAN 200 E 10 AVE # 5 MOUNT DORA FL 32757	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRASSOL, BELITA 14322 LAKE JUNIETTA DR TAVARES FL 32778	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KNORR, KEN 922 WASHINGTON AVE EUSTIS FL 32726	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SEMENTO, LAWRENCE J 3321 FOXBORO CT MOUNT DORA FL 32757	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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

Lawrence J. Semento

3/2/02 (352) 3520770

Date

Daytime Phone #

CR2E037 (9/01)