

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90138 045 ****61.25

DOCUMENT # 734778

1. Entity Name

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



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**

☐ CHECK HERE IF MAKING CHANGES

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 **TULLEY, Gerri**

Street Address (P.O. Box Number is Not Acceptable)
2437 Waycross Avenue

Eustis, FL 32726

City
Eustis

FL Zip Code
32726

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Gerri Tulley**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-7-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida 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 **P/D** ☒ Change ☐ Addition
NAME **TULLEY, Gerri**
STREET ADDRESS **2437 Waycross Avenue**
CITY-ST-ZIP **Eustis, FL 32726**

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

TITLE **S/D** ☒ Change ☐ Addition
NAME **WILLIAMS, Jean**
STREET ADDRESS **2018 Crooked Lake Estates Lane**
CITY-ST-ZIP **Eustis, FL 32726**

TITLE **PD** ☒ Delete
NAME **KNORR, KEN**
STREET ADDRESS **922 WASHINGTON AVE**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **T/D** ☒ Change ☐ Addition
NAME **SMITH, H. Scott**
STREET ADDRESS **2453 Broadvue Avenue**
CITY-ST-ZIP **Eustis, FL 32726**

TITLE **DS** ☒ Delete
NAME **SEMENTO, LAWRENCE J**
STREET ADDRESS **3321 FOXBORO CT**
CITY-ST-ZIP **MOUNT DORA FL 32757**

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

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: **Jean Williams** 2/5/03 352-357-2833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)