

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737057

1. Entity Name

SILVER STAR CHRISTIAN CHURCH, INC.

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90009 038 ****61.25

Principal Place of Business

7510 SILVER STAR ROAD
ORLANDO FL 32818

Mailing Address

7510 SILVER STAR ROAD
ORLANDO FL 32818

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2631175

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ELLIS, WILLIAM
7510 SILVER STAR ROAD
ORLANDO FL 32808

Name **CHESTER J. TOKAR**

Street Address (P.O. Box Number is Not Acceptable)
4748 LAKE SHARP DR.

ORLANDO

City **ORLANDO**

FL

Zip Code **32817**

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

Chester J. Tokar

PASTOR

CHESTER J. TOKAR

7/18/00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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 SD ☒ Delete
NAME ~~ELLIS, WILLIAM~~
STREET ADDRESS ~~3815 NIPINICKET CT.~~
CITY-ST-ZIP ~~ORLANDO FL 32818~~

TITLE CD ☒ Change ☐ Addition
NAME **JOHN WILSON**
STREET ADDRESS **545 MARGARET CT**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE TD ☒ Delete
NAME ~~CRADTREE, RONALD~~
STREET ADDRESS ~~2124 PARADISE POINT~~
CITY-ST-ZIP ~~APOKA FL~~

TITLE SD ☒ Change ☐ Addition
NAME **ROBERT THRASHER**
STREET ADDRESS **7128 MINIPPI DR.**
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE CD ☒ Delete
NAME ~~DICKERSON, LARRY~~
STREET ADDRESS ~~1745 CROWN POINT CIR.~~
CITY-ST-ZIP ~~OCFEE FL 34761~~

TITLE TD ☒ Change ☐ Addition
NAME **GEORGE WEATHERS**
STREET ADDRESS **2188 E. H. POUNDS DR.**
CITY-ST-ZIP **OCFEE, FL 34761**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE M ☒ Change ☐ Addition
NAME **CHESTER J. TOKAR**
STREET ADDRESS **4748 LAKE SHARP DR.**
CITY-ST-ZIP **ORLANDO FL 32817**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chester J. Tokar **CHESTER J. TOKAR** 7/18/00 (407) 293-2768

Date

Daytime Phone #

CR2E037 (5/00)