

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **737057**

1. Entity Name

SILVER STAR CHRISTIAN CHURCH, INC.

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

Zip

Country

Zip

Country

4. FEI Number

59-2631175

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TOKAR, CHESTER J
4748 LAKE SHARP DR.
ORLANDO FL 32817**

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
WILSON, JOHN
545 MARGARET CT
ORLANDO FL 32801** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
WEATHEROY, GOERGE
2188 E.H. POUNDS DR.
OCOCHEE FL 34761** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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 employees.

SIGNATURE:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHESTER J TOKAR 407-293-2768

Date

Daytime Phone #

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90061 035 ****61.25

A0023310



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)