## **2001 UNIFORM BUSINESS REPORT (UBR)** May 14, 2001 8:00 am<sup>8</sup> Secretary of State **DOCUMENT # 739769** 1. Entity Name LARGO CHURCH OF CHRIST, INC. 05-14-2001 90091 032 \*\*\*\*61.25 Principal Place of Business Mailing Address 445 S. CLEARWATER-LARGO RD. 445 S. CLEARWATER-LARGO RD. **LARGO FL 34640 LARGO FL 34640** 2. Principal Place of Business 3. Mailing Address 445 S. Clear Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-6557224 Not Applicable LACGO Country Country Zip **\$8.75** Additional 5. Certificate of Status Desired 33770 P. Nellas Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent (P.O. Box Numbe SACKREITER, FRANCES 5127 4TH AVE S. SAINT PETERSBURG FL 33707 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. 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** CR2E037 (10/00)

10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D Delete	TITLE		La Charge	☐ Addition
NAME	MCNEILL, JAMES	NAME	Thomas G. O'Neal 16607 Marry Lane	`	
STREET ADDRESS	7901 40TH AVE N ST PETERSBURG FL	STREET ADDRESS	16607 MANDY LANE		
CITY-ST-ZIP	ST PETERSBURG FL	CITY-ST-ZIP	TAMPA, F1. 33618		
TITLE	SD Delete	TITLE	, ,	☐ Change	Addition
NAME	MILLER, KEITH	NAME			
STREET ADDRESS	11189 LONGHILL DR	STREET ADDRESS			2
CITY-ST-ZIP 🚐	SEMINOLE FL	CITY-ST-ZIP			
TITLE	CD DOBBS, GLENN 3328 WHISPERING DR S	TITLE		hange	Addition _
NAME	DOBBS, GLENN	NAME	MARK VENADE 5520 77 Ave. N.	`	
STREET ADDRESS	3328 WHISPERING DR S WOOD	STREET ADDRESS	5520 77th Ave. N.		
CITY-ST-ZIP	LARGO FL	CITY-ST-ZIP	Pinellas Park, Fl. 33781		
TITLE	TD Delete	TITLE	,	Change	Addition
NAME '	SACLREOTER, FRAMCES	NAME			
STREET ADDRESS	5124 4TH AVE SO	STREET ADDRESS			
CITY-ST-ZIP	SAINT PETERSBURG FL 33707	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE		Change	☐ Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE		Change	Addition
NAME	· · ·	NAME			
STREET ADDRESS	• •	STREET ADDRESS			
CITY-ST-7IP		CITY-ST-7IP			

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

4/28/01

Daytime Phone #