

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

04-6906

DOCUMENT # 740103

03-27-2001 90045 048 ****61.25

1. Entity Name

PINECASTLE CHURCH OF CHRIST, INC.

Principal Place of Business

Mailing Address

**21 WEST LANCASTER ROAD
 ORLANDO FL 32809**

**21 WEST LANCASTER ROAD
 ORLANDO FL 32809**

LUUJ800Z



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

**POLI, ANNA G.
 21 WEST LANCASTER ROAD
 ORLANDO FL 32809**

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: **PD** Delete
 NAME: **BUSH, ERNEST L.**
 STREET ADDRESS: **3202 HIDALGO DR.**
 CITY-ST-ZIP: **ORLANDO FL**

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

TITLE: **TD** Delete
 NAME: **SLOAN, DEAN**
 STREET ADDRESS: **2450 NELA AVE.**
 CITY-ST-ZIP: **ORLANDO FL**

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

TITLE: **D** Delete
 NAME: **TRITT, ROBERT F.**
 STREET ADDRESS: **5450 PECOS ST.**
 CITY-ST-ZIP: **ORLANDO FL**

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

TITLE: **SD** Delete
 NAME: **HALLADAY, GLENN H**
 STREET ADDRESS: **2429 HOMEWOOD DR**
 CITY-ST-ZIP: **ORLANDO FL 32809**

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

TITLE: **VD** Delete
 NAME: **BRYANT, JOHN P**
 STREET ADDRESS: **738 KEATS AVE**
 CITY-ST-ZIP: **ORLANDO FL 32809**

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:

Ernest L. Bush
ERNEST L. BUSH (P/D)

3/14/01

(407) 851-7197

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)