

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741001

1. Entity Name

SOUTH SEMINOLE CHRISTIAN CHURCH, INC.,

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90001 011 ****61.25

Principal Place of Business

300 W. STATE ROAD 434
OVIEDO FL 32765-1145
US

Mailing Address

300 W. STATE ROAD 434
OVIEDO FL 32765-1145
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1810029

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRUMBAUGH, DOUG
300 LANGFORD DR.
CHULUOTA FL 32766

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

TILE ☐ Delete
NAME T
STREET ADDRESS LEMONS, M S
CITY-ST-ZIP 235 PRAIRIE DUNE WAY
ORLANDO FL 32828-8869

TILE ☐ Delete
NAME D
STREET ADDRESS BROMBAUGH, DOUG
CITY-ST-ZIP 300 LANGFORD DR.
CHULUOTA FL 32766

TILE ☐ Delete
NAME D
STREET ADDRESS QUANDT, ZACHARY
CITY-ST-ZIP 3018 ASH PARK PT.
WINTER PARK FL 32792-8135

TILE ☐ Delete
NAME D
STREET ADDRESS LESLIE, JAMES F
CITY-ST-ZIP 16660 HAMILTON DR.
ORLANDO FL 32833

TILE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TILE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TILE ☐ Change ☐ Addition
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TILE ☐ 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: *M. S. Lemons* **SIGNATURE REQUIRED** TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-365-7564

CR2E037 (10/00)