

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 742835**

1. Entity Name

COUPLES UNITED IN CHRIST, INC.**FILED****Jan 29, 2000 8:00 am**
Secretary of State

01-29-2000 90109 037 ****61.25

Principal Place of Business ON 314A, 3 1/4 MILES S. OF RT 40 4005 S. HWY. 314-A OKLAWAHA FL 32179 US	Mailing Address ON 314A, 3 1/4 MILES S. OF RT 40 4005 S. HWY. 314-A OKLAWAHA FL 32179-2407 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1828135**

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****WEINHEIMER, FRANCES**
4005 S. HWY. 314-A
OKLAWAHA FL 32179

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:
FEF IS \$61.259. 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	D	<input type="checkbox"/> Delete
NAME	SMITH, HORACE	
STREET ADDRESS	4417 W SEVILLA ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WEINHEIMER, ELMER J	
STREET ADDRESS	4005 S. HWY. 314-A	
CITY-ST-ZIP	OKLAWAHA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALTERS, GEORGE	
STREET ADDRESS	7505 NESTING PLACE CT.	
CITY-ST-ZIP	TAMPA FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WEINHEIMER, FRANCES W	
STREET ADDRESS	4005 S. HWY. 314-A	
CITY-ST-ZIP	OKLAWAHA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALTERS, MICKEY	
STREET ADDRESS	7505 NESTING PLACE CT.	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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: *Elmer J. Weinheimer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1-27-00 352-625-6899**
Date Daytime Phone #