

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743317

1. Entity Name

HARBORVIEW CHRISTIAN CHURCH, INC.

R

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90145 032 ****61.25

Principal Place of Business

24038 HARBORVIEW ROAD
CHARLOTTE HARBOR FL 33980

Mailing Address

24038 HARBORVIEW ROAD
CHARLOTTE HARBOR FL 33980-2223

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1979205

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

CAMPBELL, FRANCES J
411 MATARES DR.
PUNTA GORDA FL 33950

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

Frances J. Campbell
Frances J. Campbell

(Signature, typed or printed name of registered agent and file 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	CDT	<input checked="" type="checkbox"/> Delete
NAME	HOCKENSMITH, KATHY	
STREET ADDRESS	2258 TRITON TERR.	
CITY-ST-ZIP	PUNTA GORDA FL 33980	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KING, KENDRA	
STREET ADDRESS	2290 HIGHLANDS RD	
CITY-ST-ZIP	HARBOUR HEIGHTS FL 33980	
TITLE	TT	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, FRANCES J	
STREET ADDRESS	411 MATARES DRIVE 1512 Rio de Janeiro	
CITY-ST-ZIP	PUNTA GORDA FL 33950 Punta Gorda, FL 33983	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CDT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL KING	
STREET ADDRESS	2290 HIGHLANDS RD	
CITY-ST-ZIP	HARBOUR HEIGHTS FL 33980	
TITLE	JOHN CAMPBELL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1512 Rio de Janeiro #214	
STREET ADDRESS	Punta Gorda, FL 33983	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Frances J. Campbell
Frances J. Campbell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/00

Date

941-235-0372

Daytime Phone #

CR2E037 (9/99)