

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746334

1. Entity Name

THE POTTER'S CHURCH, INC.

Principal Place of Business

10205 US HWY #1
PO BOX 780405
SEBASTIAN FL 32978

Mailing Address

10205 US HWY #1
PO BOX 780405
SEBASTIAN FL 32978-0405

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2255136

Applied For

Not Applicable

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

POOLE, GENE
1805 SW 15TH STREET
VERO BEACH FL 32962

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	STD	<input type="checkbox"/> Delete
NAME	POOLE, HELEN	
STREET ADDRESS	1805 SW 15TH STREET	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FUGEL, KAREN	
STREET ADDRESS	1221 CALUSA DRIVE	
CITY-ST-ZIP	BAREFOOT BAY FL 32976	
TITLE	PD	<input type="checkbox"/> Delete
NAME	POOLE, GENE	
STREET ADDRESS	1805 SW 15TH STREET	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Gene Poole
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90022 003 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)