

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 30, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90310 036 \*\*\*\*70.00

**DOCUMENT # 748724**

1. Entity Name

**LIBERTY TEMPLE CHRISTIAN CENTER, INC.**

Principal Place of Business

Mailing Address

8642 STARKEY ROAD  
 LARGO FL 33777  
 US

8642 STARKEY ROAD  
 LARGO FL 33777  
 US

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

**59-2447271**

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

LONGTIN, DAN  
 7298 ULMERTON RD #609  
 LARGO FL 34641

Name **Mike Pino**

Street Address (P.O. Box Number is Not Acceptable)

**1453 Overcash Dr.  
 Dunedin, FL**

City

FL

Zip Code **34698**

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 state if applicable.

(NOTE: Registered Agent signature required when reinstating).

DATE

**FILE NOW: FEE IS \$61.25**

**After September 13, 2000 min. will be \$236.25**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ELRITH, PAUL	
STREET ADDRESS	1160 WOODBROOK DR	
CITY-ST-ZIP	LARGO FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LONGTIN, DAN	
STREET ADDRESS	7298 ULMERTON RD #609	
CITY-ST-ZIP	LARGO FL 34641	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELRITH, PAULSON	
STREET ADDRESS	1001 STARKLEY RD #611	
CITY-ST-ZIP	LARGO FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PAMOLIS, ROMAN	
STREET ADDRESS	160 WOOD BROOK DR	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHULER, PAUL	
STREET ADDRESS	8945 COUNTY SQ DR.	
CITY-ST-ZIP	LARGO FL 34647	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Mike Pino PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1453 Overcash Dr	
STREET ADDRESS	Dunedin FL, 34698	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Washburn, Billie	
STREET ADDRESS	8942 Enhancement Dr.	
CITY-ST-ZIP	Largo, Florida 33773	
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)