

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91612 013 \*\*\*\*61.25

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**DOCUMENT # 760824**

1. Entity Name

**COUNTRYSIDE CHRISTIAN CENTER, INC.**

Principal Place of Business

Mailing Address

**1850 MCMULLEN BOOTH  
 CLEARWATER FL 34619**

**1850 MCMULLEN BOOTH  
 CLEARWATER FL 34619**

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

**59-2167973**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LLOYD, JOHN A  
 2810 COUNTRY SIDE BLVD  
 STE 1  
 CLEARWATER FL 33761**

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	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>MITCHELL, MARK</b>	
STREET ADDRESS	<b>3037 WOODSONG LN</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33761</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>PEARSON, KENNETH</b>	
STREET ADDRESS	<b>3213 GLENRIDGE CT</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34685-1730</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>PITCHON, SOL</b>	
STREET ADDRESS	<b>467 BRIDLE PATH WAY</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL 34689</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>STEUER, MICHAEL</b>	
STREET ADDRESS	<b>2613 BELHURST DR</b>	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>	
TITLE	<b>DD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WOLFF, WILLIAM</b>	
STREET ADDRESS	<b>3087 TARPON WOODS BLVD</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34685</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>DAVIS, CLAYTON</b>	
STREET ADDRESS	<b>360 WESTWINDS DR</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34683</b>	

TITLE	<b>DD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOHN LLOYD</b>	
STREET ADDRESS	<b>1850 MCMULLEN BOOTH RD.</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34619</b>	
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	<b>DD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GLENN DAVIS</b>	
STREET ADDRESS	<b>1850 MCMULLEN BOOTH RD.</b>	
CITY-ST-ZIP	<b>CLEARWATER, FL 34619</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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: *Michael K. Steuer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-02

Date

727-733-7638

Daytime Phone #