

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762517

1. Entity Name

BELLEVUE CHURCH OF CHRIST, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90019 032 ****61.25

Principal Place of Business 12355 SE HWY 441 P O BOX 1557 BELLEVUE FL 32620	Mailing Address 12355 SE HWY 441 P O BOX 1557 BELLEVUE FL 34421-1557
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2421786	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HOSKINSON, FRANK 7968 E HWY 25 BELLEVUE FL 34420	7. Name and Address of New Registered Agent Name: Gregg Smith Street Address (P.O. Box Number is Not Acceptable): 11615 SE 72nd Terr. Rd. City: Bellevue FL Zip Code: 34420
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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: *Gregg Smith* DATE: 3-19-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SPURLOCK, DON 10863 SE 45TH AVE BELLEVUE FL 34420 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HOSKINSON, FRANK M 7968 E HWY 25 BELLEVUE FL 34420 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Gregg Smith 11615 SE 72nd Terr Rd. Bellevue FL 34420 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV YOUNG, MAX 12655 S.E. U5301 BELLEVUE FL 34420 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Gregg Smith* DATE: 3-19-00 (352) 245-7717
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)