

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765794

1. Entity Name

BELLEVUE CHURCH OF THE NAZARENE, INC.

Principal Place of Business

P O BOX 1240
12410 S HWY 301
BELLEVUE FL 34421
US

Mailing Address

P O BOX 1240
12410 S HWY 301
BELLEVUE FL 34421-1240
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

WARCHOL, GARY R
12410 SE HWY 301
BELLEVUE FL 34420

7. Name and Address of New Registered Agent

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

TITLE P ☐ Delete
NAME WARCHOL, GARY
STREET ADDRESS 12410 SE HWY 301, P O BOX 1240
CITY-ST-ZIP BELLEVUE, FL 00000 40

TITLE T ☐ Delete
NAME SHORT, GARY
STREET ADDRESS 13259 S E 49TH COURT
CITY-ST-ZIP BELLEVUE FL 34420

TITLE S ☐ Delete
NAME NEWBY, MARILYN
STREET ADDRESS 13229 S E 49TH COURT
CITY-ST-ZIP BELLEVUE FL 34420

TITLE T ☐ Delete
NAME MUFFET, EARL
STREET ADDRESS 4680 SE 166TH ST
CITY-ST-ZIP SUMMERFIELD FL 34491

TITLE T ☒ Delete
NAME WILCOX, CAROL
STREET ADDRESS 33542 LK MYRTLE BLVD
CITY-ST-ZIP LEESBURG FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Change ☒ Addition
NAME Rivera Salvador
STREET ADDRESS 14497 SW 42nd Terr Rd
CITY-ST-ZIP Ocala FL 34473

TITLE ☐ Change ☐ 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:

RONALD W. WILCOX

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

01-21-2000 90060 037 ****61.25

803964



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1768085 ☐ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

CR2E037 (9/99)