

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765868

1. Entity Name

SEBASTIAN RIVER WORSHIP CENTER INC.

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90072 002 \*\*\*\*61.25

Principal Place of Business

Mailing Address

% R. HAROLD LEE  
1117 US 1  
SEBASTIAN FL 32958

% R. HAROLD LEE  
1117 US 1  
SEBASTIAN FL 32958-8619

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2400334

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LEE, R. HAROLD  
124 CORAL WAY EAST  
INDIALANTIC FL 32901

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 ☐ Delete  
NAME D  
STREET ADDRESS MANN, EDITH  
CITY-ST-ZIP 882 DOLORES ST.  
SEBASTAIN FL

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

TITLE ☐ Delete  
NAME S  
STREET ADDRESS EVANS, AGNES (MRS.)  
CITY-ST-ZIP 697 S. WIMBROW DR.  
SEBASTIAN, FL 00000

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

TITLE ☐ Delete  
NAME P  
STREET ADDRESS LEE, R HAROLD  
CITY-ST-ZIP 124 CORAL WAY EAST  
INDIALANTIC FL

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

TITLE ☐ Delete  
NAME V  
STREET ADDRESS LEE, SUE  
CITY-ST-ZIP 124 CORAL WAY EAST  
INDIALANTIC FL

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

TITLE ☐ Delete  
NAME T  
STREET ADDRESS BRINTON, LEOTA E  
CITY-ST-ZIP 758 VOCELLE AVE  
SEBASTIAN, FL 00000

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS TALBOT, HENRY  
CITY-ST-ZIP 718 VOCELLE AVE  
SEBASTIAN FL

☐ Change ☐ Addition  
TITLE  
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: R. Harold Lee SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/27/00 Daytime Phone # 407-773-4698

CR2E037 (9/99)