## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

## **FILED** DOCUMENT # **767999** May 08, 2000 8:00 am 1. Entity Name Secretary of State JUPITER PRESBYTERIAN & REFORMED COVENANT CHURCH. 05-08-2000 90033 006 \*\*\*\*61.25 Principal Place of Business Mailing Address 110 PARK STREET 110 PARK STREET JUPITER FL 33458-4328 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 59-2290150 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired . . . Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BULL, RONALD D. 9363 WHIPPOORWILL TRAIL JUPITER FL 33478 Zip Code City 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 Fiorida SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition Delete TITLE TITLE NAME NAME Bull. Ronald D STREET ADDRESS STREET ADDRESS 9363 WHIPPOORWILL TRAIL CITY-ST-ZIP CITY-ST-ZIP JUPITER FL **VPD** Change ☐ Addition TITLE VPD ☐ Delete TITLE POULAKIS ELEUTHERE 13344 TOUCH STONE COURT PALM BEACH CARDONS FL 3 POUMAKIS, ELEUTHERE NAME STREET ADDRESS STREET ADDRESS 131 SIMS CREEK LANE CITY-ST-7IP CITY-ST-ZIP Jupiter FL 33458 ☐ Addition TITLE ☐ Delete TITLE Change STD NAME NAME CARVER, RAY STREET ADDRESS STREET ADDRESS **4777 CENTER STREET** CITY-ST-ZIP CITY-ST-ZIP Jupiter Fl ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

PORONALO D. BULL 4-25-00

Daytime Phone #