

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 848201

1. Entity Name

GULF STATES CONFERENCE ASSOCIATION OF SEVENTH-DA

Principal Place of Business

6450 ATLANTA HIGHWAY
P.O. BOX 240249
MONTGOMERY AL 36124-0249

Mailing Address

6450 ATLANTA HIGHWAY
P.O. BOX 240249
MONTGOMERY AL 36124-0249

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

64-6001060

Applied For

Not Applicable

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

MCMILLAN, MR. FRANK
655 N. WYMORE ROAD
WINTER PARK FL 32789

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

T
NAME MILLBURN, DENNIS S
STREET ADDRESS 5721 JACKSON RD
CITY-ST-ZIP WETUMPKA AL 36093 ☐ Delete

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

P
NAME EISELE, MELVIN K.
STREET ADDRESS 40 KENNEDY LN.
CITY-ST-ZIP COOSADA AL ☐ Delete

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

D
NAME DICKEY, TRISH
STREET ADDRESS RT 5 702 S MAIN STREET
CITY-ST-ZIP WATER VALLEY MS ☐ Delete

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

S
NAME VALENCIA, EVAN
STREET ADDRESS 2600 VAUGHN BLVD APT 418
CITY-ST-ZIP MONTGOMERY AL 36117 ☒ Delete

S
NAME Rimer, Fred
STREET ADDRESS 185 Chubbehatchee Cir.
CITY-ST-ZIP Wetumpka, AL 36093 ☒ Change ☐ Addition

D
NAME MARTIN, GERALD
STREET ADDRESS 157 STAR MOUNTAIN
CITY-ST-ZIP FLORENCE MS 39073 ☐ Delete

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

D
NAME ROBERTS, ROBIN
STREET ADDRESS 7011 CHARLSETON OAKS DR N
CITY-ST-ZIP MOBILE AL 36695 ☐ Delete

☐ 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: Dennis Millburn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90029 008 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)