

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10344

1. Entity Name

FLORIDA HOLINESS CAMP GROUNDS

Principal Place of Business

3335 S. FLORIDA AVE.
LAKELAND FL 33803

Mailing Address

3335 S. FLORIDA AVE.
LAKELAND FL 33803-4553

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

59-6155016

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

WATSON, STEPHEN C.
3335 S. FLORIDA AVE.
LAKELAND FL 33803

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 PT ☐ Delete
NAME LORNE V. MACMILLAN
STREET ADDRESS 753 SOUTH 360 WEST
CITY-ST-ZIP ANGOLA IN

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

TITLE VT ☐ Delete
NAME LOMAN, HAROLD
STREET ADDRESS 3335 S.-FLORIDA AVE.
CITY-ST-ZIP LAKELAND FL

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

TITLE TRT ☐ Delete
NAME BEELER, WILLIAM
STREET ADDRESS 570 WESTERN AVE
CITY-ST-ZIP CANONSBURG PA 15317

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

TITLE ST ☐ Delete
NAME SKEEN, CLEDITH
STREET ADDRESS 534 OVERDALE N.W.
CITY-ST-ZIP CANTON OH

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

TITLE TR ☒ Delete
NAME HIMES, MILTON
STREET ADDRESS 3335 S. FLORIDA AVE.
CITY-ST-ZIP LAKELAND FL 33803

TITLE ☐ Change ☒ Addition
NAME James H. Gilliam
STREET ADDRESS 255 LK Huron DR.
CITY-ST-ZIP Mulberry, FL 33860-0000

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

William L. Beeler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William L. Beeler

1/5/00

Date

Daytime Phone #

(863) 647-4606



DO NOT WRITE IN THIS SPACE

CR2F037 (9/99)