

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001601

1. Entity Name

AT THE WELL CHURCH, INC.

Principal Place of Business

446 QUAY ASISI  
NEW SMYRA BEACH FL 32169

Mailing Address

446 QUAY ASISI  
NEW SMYRA BEACH FL 32169

2. Principal Place of Business

Pappas Plaza

3. Mailing Address

1135 N. Dixie FWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Smyrna Beach FL

City & State

4. FEI Number

59-3638264

Applied For

Not Applicable

Zip

Country

32168

US

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

CYR, LINDA M  
446 QUAY ASISI  
NEW SMYRA BEACH FL 32169

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	D	<input type="checkbox"/> Delete
NAME	CYR, LINDA M	
STREET ADDRESS	446 QUAY ASISI	
CITY-ST-ZIP	NEW SMYRA BEACH FL 32169	
TITLE	D	<input type="checkbox"/> Delete
NAME	CYR, DANIEL	
STREET ADDRESS	446 QUAY ASISI	
CITY-ST-ZIP	NEW SMYRA BEACH FL 32169	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHANG, MARGARET M M.D.	
STREET ADDRESS	446 QUAY ASISI	
CITY-ST-ZIP	NEW SMYRA BEACH FL 32169	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLOUSE, MARY ELIZABETH	
STREET ADDRESS	469 AMETHYST WAY	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	D	<input type="checkbox"/> Delete
NAME	GONTERMAN, CAROL ANN	
STREET ADDRESS	4740 S. HARVARD, APT.46	
CITY-ST-ZIP	TULSA OK 74135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Re: Linda M. Cyr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 15, 2001 8:00 am  
Secretary of State

02-15-2001 90055 022 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)