

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004681

1. Entity Name

EASTSIDE VINEYARD CHRISTIAN FELLOWSHIP, INC.

Principal Place of Business

2156 FIRESTONE CT
OVIEDO FL 32765

Mailing Address

2156 FIRESTONE CT
OVIEDO FL 32765

2. Principal Place of Business

308 Live Oak Blvd
Suite, Apt. #, etc.

3. Mailing Address

308 Live Oak Blvd
Suite, Apt. #, etc.

City & State

Casselberry, FL

City & State

Casselberry, FL

Zip

32707

Country

USA

Zip

32707

Country

USA

4. FEI Number

59-3656296

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCDONALD, KELLY
2156 FIRESTONE CT
OVIEDO FL 32765

7. Name and Address of New Registered Agent

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

Kelly McDonald

1/31/01

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

TITLE DP
NAME MCDONALD, KELLY
STREET ADDRESS 2156 FIRESTONE CT
CITY-ST-ZIP OVIEDO FL 32765 ☐ Delete

TITLE DV
NAME STEARNS, JON
STREET ADDRESS 15201 ROOSEVELT STE 107
CITY-ST-ZIP CLEARWATER FL 33760 ☐ Delete

TITLE DST
NAME PLATE, APRIL
STREET ADDRESS 1322 PALM DR
CITY-ST-ZIP APOPKA FL 32703 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Kelly McDonald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/01

Date

(407)
366-2907

Daytime Phone #

CR2E037 (10/00)

0023762

FILED
Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90001 014 *****70.00



DO NOT WRITE IN THIS SPACE