2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # N00238

1. Entity Name

HARBORSIDE CHRISTIAN CHURCH, INC.

FILED
May 02, 2000 8:00 am
Secretary of State
02-19-2000 90003 027 ****61.25

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
28465 US HWY. 19 N. STE. 200 CLEARWATER FL 33761	28465 US HWY. 19 N. STE. 200 CLEARWATER FL 33761-2511

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 59-2348246 ☐ 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
FREEDMAN, ROBERT 777 S. HARBOUR ISLAND DR ONE HARBOUR PL (P O BOX 3239) TAMPA FL 33602-5799	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P STUECHER, DAN 4681 GILRONAN COURT PALM HARBOR FL 34685	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERG, ROBERT 2842 FOXWOOD CT CLEARWATER FL 33761	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V-T Osborn, Michael 499 Winding Willow Dr. Palm Harbor, FL. 34683	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HOKE, KAREN 2621 RIDGE LANE PALM HARBOR FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T - T GALL, KEITH 1590 CHUKAR RIDGE PALM HARBOR FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILANO, MIKE 2667 CASCADE CT CLEARWATER FL 34695	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C BABCOCK, C. I. 1934 SOULE RD CLEARWATER FL 33759	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Dan Stuecher REQUIRED 1.10.00 727-726-0202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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