

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00238

1. Entity Name

HARBORSIDE CHRISTIAN CHURCH, INC.

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90061 040 ****61.25

B0092460



DO NOT WRITE IN THIS SPACE

Principal Place of Business 28465 US HWY. 19 N. STE. 200 CLEARWATER FL 33761	Mailing Address 28465 US HWY. 19 N. STE. 200 CLEARWATER FL 33761
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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

FREEDMAN, ROBERT
777 S. HARBOUR ISLAND DR
ONE HARBOUR PL (P O BOX 3239)
TAMPA FL 33602-5799

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS

TITLE P NAME STUECHER, DAN STREET ADDRESS 4681 GILRONAN COURT CITY-ST-ZIP PALM HARBOR FL 34685	☐ Delete
TITLE TR NAME OSBORN, MICHAEL STREET ADDRESS 499 WINDING WILLOW DR CITY-ST-ZIP PALM HARBOR FL 34683	☒ Delete
TITLE S NAME HOKE, KAREN STREET ADDRESS 2621 RIDGE LANE CITY-ST-ZIP PALM HARBOR FL 34685	☐ Delete
TITLE T NAME GALL, KEITH STREET ADDRESS 1590 CHUKAR RIDGE CITY-ST-ZIP PALM HARBOR FL	☐ Delete
TITLE D NAME MILANO, MIKE STREET ADDRESS 2667 CASCADE CT CITY-ST-ZIP CLEARWATER FL 34695	☒ Delete
TITLE CTR NAME MAJURE, ROBERT STREET ADDRESS 2972 MAYFAIR COURT CITY-ST-ZIP CLEARWATER FL 33761	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P NAME STUECHER, DAN STREET ADDRESS 28465 US HWY 19 N. STE. 200 CITY-ST-ZIP Clearwater, FL 33761	☒ Change ☐ Addition
TITLE VP NAME V.P. PARKER, Howard STREET ADDRESS 28465 US HWY 19 N. STE. 200 CITY-ST-ZIP Clearwater, FL 33761	☐ Change ☒ Addition
TITLE S NAME HOKE, KAREN STREET ADDRESS 28465 US HWY 19 N STE 200 CITY-ST-ZIP Clearwater, FL 33761	☒ Change ☐ Addition
TITLE T NAME GALL, KEITH STREET ADDRESS 28465 US HWY 19 N STE 200 CITY-ST-ZIP Clearwater, FL 33761	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE CTR NAME MAJURE, Robert STREET ADDRESS 28465 US HWY 19 N STE 200 CITY-ST-ZIP Clearwater, FL 33761	☒ 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: Howard E. Parker 4/15/02 (227) 726-0202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)