

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00767

1. Entity Name

APOSTOLIC CHRISTIAN CHURCH OF NORTH FORT MYERS.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90104 002 ****70.00

Principal Place of Business

2801 RUSTIC LANE
NORTH FT MYERS FL 33903

Mailing Address

2801 RUSTIC LANE
NORTH FT MYERS FL 33903

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2635467

Applied For

Not Applicable

Zip

Country

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

DOUGLAS, SABO
324 SOUTH DRIVE
NOKOMIS FL 34275

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 \$61.259. 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	<input type="checkbox"/> Delete
	D	KELLER, ARTHUR	711 TAPLOW SOUTH VENICE FL 33595	<input type="checkbox"/>
	D	YERGLER, RONALD	7132 TEABERRY ENGLEWOOD FL	<input type="checkbox"/>
	D	BAUM, ROBERT	7762 GARDNER DR #201 NAPLES FL	<input type="checkbox"/>
	C	SABO, DOUGLAS	324 SOUTH DRIVE NOKOMIS FL 34275	<input type="checkbox"/>
	T	STOLLER, IVAN	12712 DEVONSHIRE LAKES DRIVE FORT MYERS FL 33913	<input type="checkbox"/>
	S	HUETTE, JANE	4819 S.W. AVE CAPE CORAL FL 33914	<input type="checkbox"/>

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: *IVAN STOLLER* REQUIRED STOLLER

1/24/2000 941-597-752

Date

Daytime Phone #