

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-05-2002 90102 048 ****61.25

DOCUMENT # N01000008520

1. Entity Name

NORTHLAKE COMMUNITY CHURCH AT LAKE NONA, INCORPORATED

Principal Place of Business

Mailing Address

8313 NORTHLAKE PKWY
 ORLANDO FL 32827

425 S CHICKASAW TRAIL PMB 293
 ORLANDO FL 32825-7852

21553

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

59-3752635

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

HANSBERGER, JAMES
 111 CHERRY CREEK CIRCLE
 WINTER SPRINGS FL 32708

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

TITLE P
 NAME MCLEOD, ROBERT B
 STREET ADDRESS 5410 LAZY OAKS LN
 CITY-ST-ZIP ORLANDO FL 32839 ☐ Delete

TITLE V
 NAME LEE, JAMES
 STREET ADDRESS 8313 NORTHLAKE PKWY
 CITY-ST-ZIP ORLANDO FL 32827 ☐ Delete

TITLE S
 NAME HULS, SUSANNE
 STREET ADDRESS 800 GRAN PASEO DR
 CITY-ST-ZIP ORLANDO FL 32825 ☐ Delete

TITLE T
 NAME BELL, DAVID
 STREET ADDRESS 4329 STEED TERR
 CITY-ST-ZIP WINTER PARK FL 32782 ☐ 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 ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ 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)(f), 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:

Susanne Hul
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-02 4072774857
 Date Daytime Phone

CR2E037 (9/01)