

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02365

1. Entity Name

THE LEESBURG DISTRICT BOARD OF MISSIONS AND CHUR

Principal Place of Business

901 W MAIN STR
LEESBURG FL 34748
US

Mailing Address

C/O J. STEPHEN PULLUM
1330 W CITIZENS BLVD STE 701
LEESBURG FL 34748-3945
US

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

59-2307314

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

PULLUM, STEPHEN
1330 W. CITIZENS BLVD., STE. 701
LEESBURG FL 34748

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
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

ZIPPERER, DOUGLAS H
901 W MAIN STR
LEESBURG FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

WAGNER, CLARON D.
901 W. MAIN STR
LEESBURG FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

SD
KOKX, DOUGLAS S
901 W MAIN STR
LEESBURG FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

DAS
PULLUM, J. STEPHEN
1330 W. CITIZENS BLVD
LEESBURG FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Delete

D
BORDIN, RICHARD
950 7 ST
CLERMONT FL

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

SE
IVAN CORBIN
901 W MAIN STR
LEESBURG FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

D
MAX WILKINS
901 W MAIN STR
LEESBURG FL

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:

JOHN W. WILKINS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-2000

352-787-1643

Date

Daytime Phone #

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90055 018 ****61.25



DO NOT WRITE IN THIS SPACE