

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02566

1. Entity Name

EAGLE'S VIEW BAPTIST CHURCH, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90016 035 ****70.00

Principal Place of Business

Jesse S. Chewning
C/O LARRY P. SOLANO
7800 RAMONA BLVD.
JACKSONVILLE FL 32221
US

Mailing Address

Jesse S. Chewning
C/O LARRY P. SOLANO
7800 RAMONA BLVD.
JACKSONVILLE FL 32221-3367
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

59-2347706

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOLANO, LARRY
10039 PLANK LANE
JACKSONVILLE FL 32220

7. Name and Address of New Registered Agent

Name

JESSE S. CHEWNING

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

4911 PERRINE DRIVE

City

JACKSONVILLE

FL

Zip Code

32210

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

Jesse S. Chewning
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-14-2000

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	PD SOLANO, LARRY P 4991 PERRINE DR JACKSONVILLE FL 32210	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAMPER, TOM 7668 GORDEAN ST. JACKSONVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHEWNING, JESSE S. 4911 PERRINE DR. JACKSONVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR DUPREE, BRUCE 10315 OLD PLANK RD JACKSONVILLE FL 32220	☐ 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 NAME STREET ADDRESS CITY-ST-ZIP	PD CHEWNING, JESSE S. 4911 PERRINE DRIVE JACKSONVILLE, FL 32210	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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:

Jesse S. Chewning
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-14-2000 904-778-1013

CR2E037 (9/99)