

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06768

1. Entity Name

OCALA GRACE BRETHREN CHURCH INCORPORATED

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90035 026 ****61.25

Principal Place of Business

Mailing Address

6474 NE 7TH STREET
OCALA FL 34470
US

6474 NE 7TH STREET
OCALA FL 34470-1815
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

59-2516658

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

SMALS, RONALD A.
15 ALMOND TRAIL
OCALA FL 34472

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KRIEGBAUM, ARNOLD R.	
STREET ADDRESS	2320 NE 146TH AVE BOX 7	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MAXSON, RICHARD	
STREET ADDRESS	14655 NE 24TH PL	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPARZAK, CHESTER J	
STREET ADDRESS	2821 NE 3RD ST #12	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SMALS, RONALD A.	
STREET ADDRESS	15 ALMOND TRAIL	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BLOCKSOM, DOUG	
STREET ADDRESS	4883 SE 41ST COURT	
CITY-ST-ZIP	OCALA FL 34480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPARZAK, CHESTER J.	
STREET ADDRESS	6620 NE 5TH LANE	
CITY-ST-ZIP	OCALA, FL 34470	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Ronald A. Smals SIGNATURE REQUIRED: RONALD A. SMALS 1-11-00 352-236-2011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)