

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90109 014 ****61.25

901036



DO NOT WRITE IN THIS SPACE

DOCUMENT # N07231

1. Entity Name

THE SOUTHEAST CONFERENCE, CHURCH OF THE UNITED B

Principal Place of Business

Mailing Address

560 FLOMICH AVE
 HOLLY HILL FL 32117
 US

560 FLOMICH AVE
 HOLLY HILL FL 32117-1618
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2640149

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

MC KEOWN, ROBERT CHARLES
1650 CENTER AVENUE
HOLLY HILL FL 32117

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

Robert C. McKeown

1-4-00

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	DPD MC KEOWN, ROBERT CHARLES 1650 CENTER AVENUE HOLLY HILL FL 32117	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			NAME		
CITY-STATE-ZIP			STREET ADDRESS		
			CITY-STATE-ZIP		
TITLE	DS JOHNS, MARY 1400 SUNSHINE CIRCLE BIRMINGHAM AL 35213	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			NAME		
CITY-STATE-ZIP			STREET ADDRESS		
			CITY-STATE-ZIP		
TITLE	T BURNS, BEVERLY 57 ASPEN STREET DAYTONA BEACH FL 32124	<input type="checkbox"/> Delete	TITLE	T GIVEN HULL 1408 RIVERSIDE DR HOLLY HILL, FL 32117	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			NAME		
CITY-STATE-ZIP			STREET ADDRESS		
			CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			NAME		
CITY-STATE-ZIP			STREET ADDRESS		
			CITY-STATE-ZIP		
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			CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			NAME		
CITY-STATE-ZIP			STREET ADDRESS		
			CITY-STATE-ZIP		

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:

Robert C. McKeown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-00 *904 677-6940*

CR2E037 (9/99)