

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07684

1. Entity Name

PINE RIDGE PRESBYTERIAN CHURCH, INC.

Principal Place of Business

3900 S. HIAWASSEE RD.
ORLANDO FL 32835-6337

Mailing Address

3900 S. HIAWASSEE RD.
ORLANDO FL 32835-6337

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

58-0063709

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEYER, GREG
1408 OAKLEY ST.
ORLANDO FL 32806

7. Name and Address of New Registered Agent

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

Greg Meyer

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-16-01

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	D DAVID NETZORG 6861 TAMARIND CIRCLE ORLANDO FL 32819	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYD PASTOOR 9107 GALLEON CT ORLANDO FL 32819	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUMPHREYS, WESLEY 1145 PALM COVE DRIVE ORLANDO FL 32835	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYER, GREGORY 1408 OAKLEY ST. ORLANDO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRISON, RICHARD 6204 ORANGE COVE DR ORLANDO FL 32819	☐ 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	D Bob Levesque 5444 Baybrook Ave. Orlando, FL 32819	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Steve Lytle 7972 Canyon Lake Circle Orlando, FL 32835	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Timothy Pent 1876 Blackwood Ave. Gotha, FL 32734	☐ 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:

Wesley Humphreys
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-16-01 (407) 523-6361

CR2E037 (10/00)