

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08768

1. Entity Name

BIG PINE CHRISTIAN CENTER, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90042 037 ****70.00

Principal Place of Business

Mailing Address

100 COUNTY ROAD
BIG PINE FL 33043
US

100 COUNTY RD
BIG PINE FL 33043-4823
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2592299

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

VURAL, EROL M
MILE MARKER 25, US HWY 1
BARNETT BANK, 2ND FL
SUMMERLAND KEY FL 33042

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 PD ☐ Delete
NAME LAWES, STEVE
STREET ADDRESS 2361 PENSACOLA ROAD
CITY-ST-ZIP BIG PINE KEY FL

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME MCNEAL, JOHN
STREET ADDRESS 1522 PANDOREA LANE
CITY-ST-ZIP BIG PINE KEY FL

TITLE D ☐ Change ☒ Addition
NAME BOWES, LAURENCE
STREET ADDRESS P.O. BOX 430734
CITY-ST-ZIP BIG PINE KEY, FL 33043

TITLE TD ☐ Delete
NAME WAHLGREN, TOM
STREET ADDRESS 29980 BALSALANE
CITY-ST-ZIP BIG PINE KEY FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME UNDERWOOD, BILL
STREET ADDRESS P.O. BOX 517 N/A
CITY-ST-ZIP SUMMERLAND KEY FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

STEVE LAWES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-00 305 872 3404

Date

Daytime Phone #

CR2E037 (9/99)