

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10618

1. Entity Name

LONGWOOD HILLS CONGREGATIONAL CHURCH, UCC, INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90200 042 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1255 E.E. WILLIAMSON RD  
P.O. BOX 521550  
LONGWOOD FL 32750-0550

1255 E.E. WILLIAMSON RD  
P.O. BOX 521550  
LONGWOOD FL 32750-7134

2. Principal Place of Business

1255 E.E. Williamson Rd

Suite, Apt. #, etc.

3. Mailing Address

1255 E.E. Williamson Rd

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Longwood, FL

Zip  
32750

Country

Seminole

City & State

Longwood FL

Zip

32750

Country

Seminole

4. FEI Number

59-2597930

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

YOUNGBLOOD, HAROLD D.  
1255 EE WILLIAMSON RD  
LONGWOOD FL 32750

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

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

TITLE P ☒ Delete  
NAME CLEVELAND, MARY ANNE  
STREET ADDRESS 39 STONEGATE SOUTH  
CITY-ST-ZIP LONGWOOD FL 32779

TITLE V ☒ Delete  
NAME MEREDITH NEILL  
STREET ADDRESS 3549 PINETREE RD  
CITY-ST-ZIP ORLANDO FL

TITLE TD ☐ Delete  
NAME EBAUGH, CRAIG  
STREET ADDRESS 405 LAZY ACRES LANE  
CITY-ST-ZIP LONGWOOD FL 32750

TITLE D ☐ Delete  
NAME MOORE, SANDY  
STREET ADDRESS 1382 COR JESU COURT  
CITY-ST-ZIP LONGWOOD FL 32750

TITLE D ☒ Delete  
NAME HALL, JAMES R.  
STREET ADDRESS 610 LAKE SHORE DRIVE  
CITY-ST-ZIP MATLAND FL

TITLE S ☐ Delete  
NAME MCKELL, JANET  
STREET ADDRESS 3581 MOSS POINTE PL  
CITY-ST-ZIP LAKE MARY FL 32746

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition  
NAME Long, William  
STREET ADDRESS 206 Tollgate Trail  
CITY-ST-ZIP Longwood, FL 32750

TITLE V ☒ Change ☐ Addition  
NAME Moore, Harry  
STREET ADDRESS 1382 Cor Jesu Ct  
CITY-ST-ZIP Longwood, FL 32750

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

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

TITLE D ☒ Change ☐ Addition  
NAME Rush, Rick  
STREET ADDRESS 567 Tiberon Cove  
CITY-ST-ZIP Longwood, FL 32750

TITLE ☐ Change ☐ Addition  
NAME Same  
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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/02 407 332-6340

CR2E037 (9/99)