

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12689

1. Entity Name

THE PRESBYTERIAN CHURCH OF SEVEN SPRINGS, INC.

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90016 021 ****61.25

Principal Place of Business

% PETER BOYD THOMPSON
4651 LITTLE ROAD
NEW PORT RICHEY FL 34655-8329

Mailing Address

% PETER BOYD THOMPSON
4651 LITTLE ROAD
NEW PORT RICHEY FL 34655-8329

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2594925

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, PETER BOYD
4651 LITTLE ROAD
NEW PORT RICHEY FL 34655

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

After September 13, 2000 min. will be \$236.25

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	TD	<input type="checkbox"/> Delete
NAME	HOOCK, ROBERT	
STREET ADDRESS	4710 JERRILYN COURT	
CITY-ST-ZIP	NEW PORT RICHEY FL 24	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GUNTER, MATTHEW	
STREET ADDRESS	8731 MARIGOLD DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654-4851	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HOUSE, CAROL A	
STREET ADDRESS	1235 VARDAN CT	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KELSEY, JAMES L.	
STREET ADDRESS	7602 JENNER AVENUE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	KING, JOSEPH M	
STREET ADDRESS	4520 MITCHER RD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652-3171	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMES, RITA M	
STREET ADDRESS	9315 STONEWALL LN	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655-1526	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUNTER, MATTHEW	
STREET ADDRESS	8731 MARIGOLD DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654-4851	
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:

ROBERT F. HOOK
TREASURER

Date

Daytime Phone #

CR2E037 (5/00)