

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14739

1. Entity Name

DAYSPRING PRESBYTERIAN CHURCH, P.C.A. INC.

Principal Place of Business

Mailing Address

6000 MARINER BLVD.
SPRING HILL FL 34609-8321

6000 MARINER BLVD.
SPRING HILL FL 34609-1321

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

59-2717906

Applied For

Not Applicable

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

HEDDLESON, RAY
6033 SUNDAY ROAD
SPRING HILL FL 34608

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	VD	<input checked="" type="checkbox"/> Delete
NAME	BICKET, JACK	
STREET ADDRESS	6297 HARCROSS COURT	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALE, WILLIAM	
STREET ADDRESS	11062 TILBURG ST	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARSON, J E	
STREET ADDRESS	3116 DOUBLE EAGLE CT	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HEDDLESON, RAY	
STREET ADDRESS	6033 SUNDAY ROAD	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GLASSTETTER, DAVID	
STREET ADDRESS	4365 5TH ISLE DR.	
CITY-ST-ZIP	SPRING HILL FL 34607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	&WALL, ROBERT	
STREET ADDRESS	8008 Morelli Avenue	
CITY-ST-ZIP	Brooksville, FL 34613	
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		
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:

RAY HEDDLESON REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/00

(352) 596 4279

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90027 014 ****61.25