

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 12, 2000 8:00 am
Secretary of State

05-12-2000 90011 015 ****61.25

DOCUMENT # N15470

1. Entity Name

UNITY CHRIST CHURCH, INCORPORATED

Principal Place of Business

Mailing Address

1911 N GORDON ST
PLANT CITY FL 33566
US

P.O. BOX 4563
PLANT CITY FL 33564-4563
US

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

59-0637846

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

DOOLEY, LORINDA
218 N WEBB RD
PLANT CITY FL 33566

Name
James Moore
Street Address (P.O. Box Number is Not Acceptable)
511 Wiggins Road S.

City **Plant City** State **FL** Zip Code **33566**

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 **P** ☒ Delete
NAME **DOOLEY, LORINDA**
STREET ADDRESS **218 N WEBB RD**
CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE **P** ☒ Change ☐ Addition
NAME **Rosemarie Franke**
STREET ADDRESS **2010 Cedar Run**
CITY-ST-ZIP **Plant City, FL 33566**

TITLE **VP** ☐ Delete
NAME **MOORE, JAMES**
STREET ADDRESS **511 WIGGINS RD**
CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE **T** ☒ Change ☐ Addition
NAME **James Moore**
STREET ADDRESS **511 Wiggins Road S.**
CITY-ST-ZIP **Plant City, FL 33566**

TITLE **S** ☒ Delete
NAME **FIELDS, SHARON**
STREET ADDRESS **2342 E BURNS ST**
CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **S** ☐ Change ☒ Addition
NAME **Blondell Shirley-Atwater**
STREET ADDRESS **2814 Pemberton Creek Drive**
CITY-ST-ZIP **Seffner, FL 33584**

TITLE **D** ☒ Delete
NAME **RICHTER, ROSEMARIE**
STREET ADDRESS **110 DANNY DRIVE**
CITY-ST-ZIP **VALRICO FL**

TITLE **VP** ☐ Change ☒ Addition
NAME **Rita Gress**
STREET ADDRESS **217 Mary Catherine Court**
CITY-ST-ZIP **Lakeland, FL 33804**

TITLE **D** ☐ Delete
NAME **HAZEN, SHIRLEY**
STREET ADDRESS **6212 PUEBLO DR**
CITY-ST-ZIP **ZEPHRHILLS FL 33540**

TITLE **D** ☐ Change ☐ Addition
NAME **Christina Wirebjer**
STREET ADDRESS **11502 Grove Lane**
CITY-ST-ZIP **Seffner, FL 33584**

TITLE **T** ☒ Delete
NAME **FRANKE, ROSEMARIE**
STREET ADDRESS **110 DANNY DR**
CITY-ST-ZIP **VALRICO FL 33594**

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: **ROSEMARIE FRANK** **ROSEMARIE FRANK, PRES.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/26/00** Day **101** Year **707-063**

CR2E037 (9/99)