

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90024 011 ****61.25

DOCUMENT # N16052

1. Entity Name

FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST, OC

Principal Place of Business

7171 SOUTHWEST STATE ROAD 200
 Ocala FL 34476

Mailing Address

7171 SOUTHWEST STATE ROAD 200
 Ocala FL 34476

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

59-2766209

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

SCHNEIDER, NANCY G
9348 A SW 82ND TERRACE
OCALA FL 34481

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 **D** ☒ Delete
 NAME **SMILES, AL**
 STREET ADDRESS **19662 S.W. 93RD. PLACE**
 CITY-ST-ZIP **DUNNELLON FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **BROUILLARD, ROBERT**
 STREET ADDRESS **5332 N.W. 20th Place**
 CITY-ST-ZIP **OCALA, FL. 34482**

TITLE **DS** ☐ Delete
 NAME **STAMM, BETTY**
 STREET ADDRESS **8540 SW 63RD CT.**
 CITY-ST-ZIP **OCALA FL**

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

TITLE **DT** ☐ Delete
 NAME **SCHNEIDER, NANCY**
 STREET ADDRESS **9348 A SW 82ND TERRACE**
 CITY-ST-ZIP **OCALA FL**

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

TITLE **D** ☒ Delete
 NAME **OLSEN, ARNOLD**
 STREET ADDRESS **8611 SW 61ST CT.**
 CITY-ST-ZIP **OCALA FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **CARD, ODEIS**
 STREET ADDRESS **8672-C S.W. 96th LANE**
 CITY-ST-ZIP **OCALA, FL. 34481**

TITLE **D** ☒ Delete
 NAME **OLSEN, EVELYN**
 STREET ADDRESS **8611 SW 61ST CT.**
 CITY-ST-ZIP **OCALA FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **MAYER, PEARL**
 STREET ADDRESS **6368 S.W. 84th PLACE ROAD**
 CITY-ST-ZIP **OCALA, FL. 34476**

TITLE **AD** ☐ Delete
 NAME **GUSTAPSON, CARL**
 STREET ADDRESS **6464 SW 81ST ST.**
 CITY-ST-ZIP **OCALA FL 34476**

TITLE **D** ☒ 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: **Nancy Schneider**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-01

352-854-0456

Date

Daytime Phone #

CR2E037 (10/00)