

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34780

1. Entity Name

GULF BREEZE, FLORIDA CONGREGATION OF JEHOVAH'S W

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90116 030 ****61.25

Principal Place of Business

Mailing Address

KINGDOM HALL OF J.W'S
1640 MIHAWK TR
GULF BREEZE FL 32561
US

% J. HAMILTON COX
4665 SOUNSIDE DR.
GULF BREEZE FL 32561

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

59-2848825

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

COX, J. HAMILTON
4665 SOUTHSIDE DR.
GULF BREEZE FL 32561

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 ☐ Delete

NAME BOHATKA, WILLIAM
STREET ADDRESS 314 CAMELIA ST
CITY-ST-ZIP GULF BREEZE FL

TITLE ☐ Delete

NAME WOLCOTT, BRUCE D
STREET ADDRESS 3173 AUBURN PARKWAY
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE ☐ Delete

NAME WILLIAMS, CHARLES K
STREET ADDRESS 8155 STILLWATER COVE
CITY-ST-ZIP NAVARRE FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ 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:

Bruce D. Wolcott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-2000

Date

850-932-8716

Daytime Phone #

CR2E037 (9/99)