

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90305 010 ****61.25

DOCUMENT # N38215

1. Entity Name

HOLLY HAMMOCK CHURCH OF DIXIE COUNTY, INC.

Principal Place of Business

Mailing Address

HC 04 BOX 301
OLD TOWN FL 32680

HC 04 BOX 301
OLD TOWN FL 32680

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

59-3017423

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

SMITH, JOHNNIE
5050 101 AVE.
P. O. BOX 365
BRONSON FL 32621

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 NAME	PC BARBER, JASPER O	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	HC 04 BOX 301	
CITY-ST-ZIP	OLD TOWN FL	
TITLE NAME	ST BARBER, VELMA J	<input type="checkbox"/> Delete
STREET ADDRESS	HC 04 BOX 301	
CITY-ST-ZIP	OLDTOWN FL	
TITLE NAME	D D WAYNE PRINGLE	<input type="checkbox"/> Delete
STREET ADDRESS	6160 PRINGLE RD	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE NAME	D BARBER, RONALD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	142 OAK DRIVE	
CITY-ST-ZIP	CLEWISTON FL	
TITLE NAME	D FREE, LOIS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	HC 04 BOX 301	
CITY-ST-ZIP	OLD TOWN FL	
TITLE NAME	D BARBER, MARGARET A	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	142 OAK DR	
CITY-ST-ZIP	CLEWISTON FL 33440	

TITLE NAME	CD SMITH, JOHNNIE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5050 101 AVE.	
CITY-ST-ZIP	PO Box 365, Bronson, FL 32621	
TITLE NAME	ST/D BARBER, Velma	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	HC 4 Box 301	
CITY-ST-ZIP	Old Town, FL 32680	
TITLE NAME	D Garton, David	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3342 S.W. Hosannah Ln.	
CITY-ST-ZIP	Okeechobee, FL 34974	
TITLE NAME	D BARBER, TIMOTHY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	HC 4 BOX 301	
CITY-ST-ZIP	Old Town, FL 32680	
TITLE NAME	D PRINGLE, BEVERLY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6160 PRINGLE RD.	
CITY-ST-ZIP	IMMOKALEE, FL 34142	
TITLE NAME	D ST JOHN, FRANKLIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	RR 15 BOX 3554	
CITY-ST-ZIP	LAKE CITY, FL 32024	

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:

Velma J. Barber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2-5-01 Daytime Phone # 352-542-2187

CR2E037 (10/00)

Attachment
N38215
D0015091

Block 11 addition

D

#N38215

ST John, Margaret

RR 15 Box 3554

Lake City, Fl. 32024

D

Smith, Maggie

5050 101 Ave.

P.O. Box 365

Bronson, Fl. 32621

D

Garton, Gail

3342 S.W. Hosannah Ln.

Okeechobee, Fl. 34974