## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **FILED DOCUMENT # N40666** Jan 28, 2000 8:00 am 1. Entity Name **Secretary of State** PARKWAY CHURCH OF CHRIST, INC. 01-28-2000 90125 044 \*\*\*\*61.25 Principal Place of Business Mailing Address 3001 SANTA BARBARA BLVD. 3001 SANTA BARBARA BLVD. NAPLES FL 34116-7427 NAPLES FL 33999 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2050521 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required --6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MEULENBERG, ANDREW R 3402 SANTIAGO WY 3033 RIVIERA DR. STE Zip Code NAPLES FL 34105 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** Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE Delete TITLE OSBORNE, TIM NAME NAME STREET ADDRESS STREET ADDRESS 1065 RORDON AVE CITY-ST-7/P CITY-ST-ZIP NAPLES FL ☐ Addition PD ☐ Change TITLE ☐ Delete TITLE KISSELL, STEVE NAME NAME STREET ADDRESS STREET ADDRESS 5047:3RD-AVE-NORTH CITY-ST-ZIP CITY-ST-ZIP NAPLES FL Change ☐ Addition TITLE ☐ Delete TITLE OSBORNE, LARRY D. NAME NAME STREET ADDRESS STREET ADDRESS 5061 8TH AVE. SW CITY-ST-ZIP CITY-ST-ZIP naples fl TITLE TD ☐ Delete TITLE ☐ Change Addition MEULENBERG, ANDREW NAME NAME STREET ADDRESS STREET ADDRESS 3402 SANTIAGO WAY CITY-ST-ZIP CITY-ST-ZIP naples fl TITLE ☐ Delete TITLE Change ☐ Addition NAME Fallis, Jerry NAME STREET ADDRESS STREET ADDRESS RT. 2 BOX 426 CITY-ST-ZIP CITY-ST-ZIP IMMOKALEE FL ☐ Delete TITLE ☐ Addition TITLE NAME OSBORNE. PHIL NAME STREET ADDRESS STREET ADDRESS 5901 20TH AVE SW CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 12. I hereby certify that the information supplied with this filling 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