## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## FILED **DOCUMENT # N43626** Aug 31, 2000 8:00 am Secretary of State 1. Entity Name CROSSROADS COMMUNITY CHURCH OF ORANGE & OSCEOLA 08-31-2000 90100 037 \*\*\*\*70.00 Principal Place of Business Mailing Address 14500 LANDSTAR BLVD. 14500 LANDSTAR BLVD. ORLANDO FL 32824 ORLANDO FL 32824 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State FEI Number 59-2977779 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CASSATA, ROBERT A 2709 PEGGY DR KISSIMMEE FL 34744 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees After September 13, 2000 min. will be \$236.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition ☐ Change TITLE ☐ Defete TITLE CASSATA, ROBERT A NAME NAME STREET ADDRESS STREET ADDRESS 2709 PEGGY DR CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34744 Addition TITLE Change TITLE Delete BARWENKO NAME ALAWINE, HOWARD NAME 73 TROTTERS CIRCLE 12976 NEBRASKA WOODS CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMER ORLANDO FL Addition TITLE TITLE Delete NAME NATER, ANGEL J JR NAME TEEKOMANI HUGGINS STREET ADDRESS 101 KASSIK CIRCLE STREET ADDRESS 189 SANDALWOOD DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL KISSIMM ER, FL 34743 Delete TITLE ☐ Change Addition TITLE ROSCOE RANG CASSATA, NANCY NAME NAME 13353 LAVEL CANE STREET ADDRESS STREET ADDRESS 13803 FAIRWAY ISLAND DR. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ORLANDO I FC ☐ Change Addition TITE F S D TITLE ☐ Delete NAME ANGELO SPERAZZA NAME STREET ADDRESS STREET ADDRESS 13013 PHILMELPHIA WOODS CITY-ST-7/P CITY-ST-ZIP ORLANDO, FC ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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