

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90038 046 ****61.25

DOCUMENT # N43670

1. Entity Name

NORTHSIDE CHURCH OF CHRIST OF WEST PASCO, INC.

Principal Place of Business

EVER GREEN MALL HWY 19
 STE. #10
 NEW PORT RICHEY FL 34674-5016
 US

Mailing Address

P.O. BOX 5016
 NEW PORT RICHEY FL 34674-5016
 US

2. Principal Place of Business

Northside Church of Christ
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 5016
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Evergreen Mall Hwy 19 Ste 10

Suite, Apt. #, etc.

Port Richey FL

City & State

Port Richey FL

City & State

Port Richey FL

Zip

34669

Country

PASCO

Zip

34674

Country

PASCO

4. FEI Number

00-0754140

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

REBSTON, BARBARA A.
10715 FRAN ST
NEW PORT RICHEY FL 34654

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]

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 | PD | <input type="checkbox"/> Delete |
| NAME | RULE, HAROLD | |
| STREET ADDRESS | 9844 LAKEVIEW DRIVE, LOT D | |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34654 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | REID, CHARLES | |
| STREET ADDRESS | 10058 POPLAR ST | |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34654 | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | REBSTON, BARBARA A. | |
| STREET ADDRESS | 10715 FRAN ST | |
| CITY-ST-ZIP | NEW PORT RICHEY FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/01

727-851-9909

CR2E037 (10/00)