

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44429

1. Entity Name

BOUNDLESS LOVE CHURCH, INC.

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90016 039 *****70.00

0007199

Principal Place of Business

2751 BLANDING BLVD
MIDDLEBURG FL 32068

Mailing Address

2751 BLANDING BLVD
MIDDLEBURG FL 32068

2. Principal Place of Business

2175 Center Way
Suite, Apt. #, etc.

3. Mailing Address

2175 Center Way
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Middleburg FL

City & State

Middleburg FL

4. FEI Number

59-3075678

Applied For

Not Applicable

Zip

32068

Country

USA

Zip

32068

Country

USA

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERT, OWEN C

~~2751 BLANDING BLVD~~ 2175 Center Way
MIDDLEBURG FL 32068

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OWEN, ROBERT C 2175 CENTERTURY MIDDLEBURG FL 32068	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DURYNE, DEBBS 1535 PAVNER ST ORANGE PARK FL 32065	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DILYNN, OWEN 2175 CENTER WAY MIDDLEBURG FL 32068	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYAN, GLENN W JR 2755 D COUNTY RD 220 DOCTORS JULET FL 32030	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FARMER, DONNA 2860 SPRING DR MIDDLEBURG FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OWENS, ROBERT C 2751 BLANDING BLVD MIDDLEBURG FL 32068	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OWEN, Robert C. 2175 Center Way Middleburg FL 32068	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD OWEN, D, LYNN 2175 Center Way Middleburg FL 32068	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Robert C. Owen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/01
Date

(904) 278-8823
Daytime Phone #

CR2E037 (10/00)