

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50187

1. Entity Name

CLEWISTON, FLORIDA CONGREGATION OF JEHOVAH'S WIT

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90005 036 \*\*\*\*61.25

Principal Place of Business

Mailing Address

221 W. EL PASCO AVE.  
CLEWISTON FL 33440

C/O ROBERT NIGHTINGALE  
307 PINECREST AVE.  
MOORE HAVEN FL 33471-3028



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1867389

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NIGHTINGALE, ROBERT  
307 PINECREST AVE.  
MOORE HAVEN FL 33471

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 **D** ☒ Delete  
NAME **BERG, GARY**  
STREET ADDRESS **707 HOOVER DIKE RD #401**  
CITY-ST-ZIP **CLEWISTON FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **SAPP, GARY**  
STREET ADDRESS **P O BOX 127 MEDUSA FRUIT CO**  
CITY-ST-ZIP **CLEWISTON FL 33440**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **WARNER, EARL**  
STREET ADDRESS **P O BOX 1192 N/A**  
CITY-ST-ZIP **CLEWISTON FL 33440**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **O'DELL, ROLAND**  
STREET ADDRESS **P.O. BOX 1498 N/A**  
CITY-ST-ZIP **CLEWISTON, FL 33440**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **BAKER, ROBERT**  
STREET ADDRESS **655 JANET ST**  
CITY-ST-ZIP **CLEWISTON FL 33440**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **STD** ☐ Delete  
NAME **HIBBS, JAMES**  
STREET ADDRESS **1646 TAMMY RD**  
CITY-ST-ZIP **CLEWISTON FL 33440**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*S. Gary Sapp*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

24 APR 00 941-983-8302