

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000543

1. Entity Name

PUNTA GORDA OPEN BIBLE CHURCH INC.

FILED

Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90116 008 ****70.00

Principal Place of Business

Mailing Address

5881 SHALIMAR DRIVE
5400 ALMAR DRIVE
PUNTA GORDA FL 33950
US

% RALPH A. MICALIZZI
5400 ALMAR DRIVE
PUNTA GORDA FL 33950-8705

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0373593

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

MICALIZZI, RALPH A
5400 ALMAR DRIVE
PUNTA GORDA FL 33950

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MERONE, JOSEPH
10046 SW RIVERVIEW CIR
ARCADIA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
9288 PICKENS AVE.
ARCADIA FL. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BURTON, ROBERT
9059 GEWANT BLVD.
CHARLOTTE RANCHETTES FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CARR, STEVEN
25486 AVILLAS COURT
PUNTA GORDA FL 33919 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MICALIZZI, MARK A.
7560 DRACENA ST.
PUNTA GORDA FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
MICALIZZI, RALPH A
5400 ALMAR DRIVE
PUNTA GORDA FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
THOMAS, BUMVOLOW
1102 RUM CAY COURT
PUNTA GORDA FL 33950 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
THOMAS BUMBOLOW ☒ Change ☐ 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: Ralph A. Micalizzi RALPH A. MICALIZZI 4/13/00 941-575 2868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EN37 0/00