

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000824

1. Entity Name

EMMANUEL BAPTIST CHURCH OF EUSTIS, FLORIDA, INC.

Principal Place of Business

1405 NO BAY RD  
MT DORA FL 32757  
US

Mailing Address

1405 N BAY RD  
MT DORA FL 32757  
US

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

59-3162653

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCMILLIN, PHILIP W.  
34658 CATTAIL DR  
EUSTIS FL 32726

7. Name and Address of New Registered Agent

Name **MARK S. BORDERS**

Street Address (P.O. Box Number is Not Acceptable)

**6291 SUNNYSIDE DRIVE**

City **LEESBURG**

FL

Zip Code **34748**

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

T SANDERS, THOMAS K. ☐ Delete  
10305 JOANIES RUN  
LEESBURG FL

STD BORDERS, MARK ☐ Delete  
19659 EAGLEVIEW  
UMATILLA FL

T BORDERS, AARON ☐ Delete  
19659 EAGLE VIEW CIR  
UMATILLA FL

☐ Delete

☐ Delete

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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:

**MARK S. BORDERS** **4/25/01** **352-314-8998**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90025 038 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)