

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90167 001 ***350.00

DOCUMENT # N93000004580

1. Entity Name

**FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST OF
ST. PETERSBURG, INCORPORATED**



Principal Place of Business

**240 4TH ST. NORTH
ST. PETERSBURG FL 33701**

Mailing Address

**924 N MAGNOLIA AVE
STE 250
ORLANDO FL 32803
US**

55001641



☐ CHECK HERE IF MAKING CHANGES

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 **59-0624385**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BORKO, DOUGLAS M DR
924 N MAGNOLIA AVE
STE 250
ORLANDO FL 32803**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VD**
NAME **REIMER, LARRY** ☐ Delete
STREET ADDRESS **1624 NW 5TH AVENUE**
CITY-ST-ZIP **GAINESVILLE FL 32603**

TITLE **T**
NAME **BIZER, PAUL** ☒ Delete
STREET ADDRESS **200-24TH AVENUE**
CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785-3099**

TITLE **VD**
NAME **COCHENOUR, JOHN** ☒ Delete
STREET ADDRESS **310 COUNTRY CLUB DRIVE**
CITY-ST-ZIP **DAYTONA BEACH FL 32124**

TITLE **SD**
NAME **ROGERS-GROGGETT, SHARON** ☐ Delete
STREET ADDRESS **200 N 46TH AVENUE**
CITY-ST-ZIP **HOLLYWOOD FL 33021-6604**

TITLE **M**
NAME **BORKO, DOUGLAS M** ☐ Delete
STREET ADDRESS **924 N MAGNOLIA AVE STE 250**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Change ☐ Addition
NAME **Feldman, Judy**
STREET ADDRESS **13085 Ortega Lane**
CITY-ST-ZIP **North Miami, FL 33157**

TITLE **VD** ☒ Change ☐ Addition
NAME **Campbell, Jeanette**
STREET ADDRESS **6274 Palm Vista**
CITY-ST-ZIP **Port Orange, FL 32128**

TITLE **SD** ☒ Change ☐ Addition
NAME **Rogers, Sharon**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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:

REIMAZUR REQUIRED

Douglas Borko

1/9/03

407/835-7501

CR2E037 (10/02)