

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001130

1. Entity Name

PALM GROVE REFORMED CHURCH OF HOLIDAY, INC.

FILED

Feb 12, 2001 8:00 am  
Secretary of State

02-12-2001 90230 021 \*\*\*\*\*61.25

003632

Principal Place of Business

C/O ROBERT WIERENGA  
3102 U.S. 19 NORTH  
HOLIDAY FL 34691  
US

Mailing Address

C/O ROBERT WIERENGA  
3102 U.S. 19 NORTH  
HOLIDAY FL 34691  
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

59-3275481

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

WIERENGA, ROBERT DR.  
3102 U.S. HWY 19  
HOLIDAY FL 34691

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 ☒ Delete  
THOMAS, LARRY L  
STREET ADDRESS 2344 TAHITIAN  
CITY-ST-ZIP HOLIDAY FL 34691

TITLE NAME ☒ Change ☐ Addition  
DT Rodney Kuiper  
STREET ADDRESS 5610 Baroque Dr.  
CITY-ST-ZIP Holiday, FL 34690

TITLE NAME ☒ Delete  
D KUIPER, DAVID  
STREET ADDRESS 715 LIVE OAK  
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE NAME ☐ Change ☒ Addition  
D Melvin Jonkman  
STREET ADDRESS 13608 Leslie Dr.  
CITY-ST-ZIP Hudson, FL 34667

TITLE NAME ☐ Delete  
RP WIERENGA, ROBERT DR  
STREET ADDRESS 3102 US HWY 19  
CITY-ST-ZIP HOLIDAY FL 34691

TITLE NAME ☐ Change ☒ Addition  
V Milt Roorda  
STREET ADDRESS 90 Highlands Ave. S. #309  
CITY-ST-ZIP Tarpon Springs, FL 34689

TITLE NAME ☐ Delete  
C SCHEEL, EARL  
STREET ADDRESS 3526 ODOM DR  
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE NAME ☐ Change ☒ Addition  
D Jack Romoho  
STREET ADDRESS 1672 Harbor Oaks Dr.  
CITY-ST-ZIP Tarpon Springs, FL 34689

TITLE NAME ☐ Delete  
C BACKER, TERRY  
STREET ADDRESS 6218 HALAFAX DR  
CITY-ST-ZIP HOLIDAY FL 34653

TITLE NAME ☐ Change ☒ Addition  
D Patricia Daane  
STREET ADDRESS 225 N. Disston Ave.  
CITY-ST-ZIP Tarpon Springs, FL 34689

TITLE NAME ☐ Delete  
D KUIPER, ROD  
STREET ADDRESS 5610 BAROQUE DR.  
CITY-ST-ZIP HOLIDAY FL 34690

TITLE NAME ☐ 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: *Rodney Kuiper* Rodney Kuiper

02/08/01

727-938-4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)