

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90041 015 \*\*\*\*61.25

0079713

**DOCUMENT # N94000002237**

1. Entity Name

**EAST SPRING HILL CONGREGATIONS OF JEHOVAH'S WITN**

Principal Place of Business

Mailing Address

**2283 RENTON LANE  
SPRING HILL FL 34609****2283 RENTON LANE  
SPRING HILL FL 34609**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-2375985**

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

**DURKEE, HOWARD  
2283 RENTON LANE  
SPRING HILL FL 34609**

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

TITLE **PD** ☐ Delete  
NAME **GENOVESE, MICHAEL**  
STREET ADDRESS **13140 JESSICA DR**  
CITY-ST-ZIP **SPRING HILL FL 34609**TITLE **VD** ☐ Delete  
NAME **GREVES, JEFF**  
STREET ADDRESS **15376 OAKCREST CIR**  
CITY-ST-ZIP **SPRING HILL FL 34609**TITLE **SD** ☐ Delete  
NAME **THEISER, RICHARD**  
STREET ADDRESS **14370 CORONADO DR**  
CITY-ST-ZIP **SPRING HILL FL 34609**TITLE **TD** ☐ Delete  
NAME **VONICK, GARY**  
STREET ADDRESS **1090 TRINIDAD AVE**  
CITY-ST-ZIP **SPRING HILL FL 34609**TITLE **CD** ☐ Delete  
NAME **VINCENZO, FILI**  
STREET ADDRESS **3429 SUNNYBROOK TRAIL**  
CITY-ST-ZIP **SPRING HILL FL 34609**TITLE **D** ☐ Delete  
NAME **COOK, THOMAS N**  
STREET ADDRESS **5145 BONE LN**  
CITY-ST-ZIP **BROOKSVILLE FL 34609**

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition  
NAME **GENOVESE, MICHAEL**  
STREET ADDRESS **3344 TRUMPETFISH LN**  
CITY-ST-ZIP **SPRING HILL, FL 34609**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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 another like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/2/01****(352) 686-8958**

CR2E037 (10/00)