

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002237

1. Entity Name

**EAST SPRING HILL CONGREGATION OF JEHOVAH'S WITNESSES, INC.**

Principal Place of Business

2283 RENTON LANE  
SPRING HILL FL 34609

Mailing Address

2283 RENTON LANE  
SPRING HILL FL 34609

2. Principal Place of Business

3456 CODFISH COURT

Suite, Apt. #, etc.

3. Mailing Address

3456 CODFISH COURT

Suite, Apt. #, etc.

City & State

SPRING HILL, FLORIDA

City & State

SPRING HILL, FLORIDA

Zip

34609

Country

Zip

34609

Country

4. FEI Number

59-2375985

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DURKEE, HOWARD  
2283 RENTON LANE  
SPRING HILL FL 34609

7. Name and Address of New Registered Agent

Name

JEFF GREVES

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

3456 CODFISH COURT

City

SPRING HILL

FL

Zip Code

34609

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

3/31/02

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 DURKEE, HOWARD A  
STREET ADDRESS 2283 RENTON LANE  
CITY-ST-ZIP SPRING HILL FL 34609

TITLE SD ☐ Delete  
NAME GENOVESE, MICHAEL  
STREET ADDRESS 3344 TRUMPET FISH LANE  
CITY-ST-ZIP SPRING HILL FL 34609

TITLE TD ☐ Delete  
NAME SIBILIA, TIMOTHY  
STREET ADDRESS 5140 BONE LANE  
CITY-ST-ZIP SPRING HILL FL 33604

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition  
NAME JEFF GREVES  
STREET ADDRESS 3456 CODFISH COURT  
CITY-ST-ZIP SPRING HILL, FL 34609

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MICHAEL GENOVESE

3/31/02

(352)686-8958

Date

Daytime Phone #

0088312

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE