

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000004004**

1. Entity Name

EAST PORT CHARLOTTE, FLORIDA CONGREGATION OF JEH

Principal Place of Business

**17520 LAKE WORTH BLVD
PORT CHARLOTTE FL 33948**

Mailing Address

**3346 IDLEWILE ST
PT CHARLOTTE FL 33980-5853
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

59-2825651

Applied For

Not Applied

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

Name

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

City

FL

Zip Code

**BERGSTRASSER, FRED
3346 IDLEWILE ST
PT. CHARLOTTE FL 33952**

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 ☐ Delete
NAME **PD**
STREET ADDRESS **BERGSTRASSER, FRED**
CITY-ST-ZIP **3346 IDLEWILE ST
PORT CHARLOTTE FL 33952**TITLE ☐ Delete
NAME **STD**
STREET ADDRESS **HAVERLAND, ANDREW**
CITY-ST-ZIP **1081 MARCUS ST
PT CHARLOTTE FL 33952**TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **ELVIE, CLINTON**
CITY-ST-ZIP **1243 MARLOW ST
PORT CHARLOTTE FL 33952**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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-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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PD FRED BERGSTRASSER 1/8/2000 (941) 743**FILED
Jan 29, 2000 8:00 am
Secretary of State**

01-29-2000 90139 050 ****61.25



DO NOT WRITE IN THIS SPACE