

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004004

1. Entity Name

EAST PORT CHARLOTTE, FLORIDA CONGREGATION OF JEH

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90131 045 ****61.25

Principal Place of Business

Mailing Address

17520 LAKE WORTH BLVD
PORT CHARLOTTE FL 33948

3346 IDLEWILE ST
PT CHARLOTTE FL 33952
US

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17520 LAKE WORTH BLVD.

3. Mailing Address

3346 IDLEWILE ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE Florida

City & State

PORT CHARLOTTE Florida

Zip

33948

Country

US

Zip

33980-5853

Country

CHANGING US

4. FEI Number

59-2825651

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERGSTRASSER, FRED
3346 IDLEWILE ST
PT. CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

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
After September 12, 2001, min. will be \$236.25

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
NAME BERGSTRASSER, FRED
STREET ADDRESS 3346 IDLEWILE ST
CITY-ST-ZIP PORT CHARLOTTE FL 33952 ☐ Delete

TITLE STD
NAME HAVERLAND, ANDREW
STREET ADDRESS 1081 MARCUS ST
CITY-ST-ZIP PT CHARLOTTE FL 33952 ☐ Delete

TITLE VD
NAME ELVIE, CLINTON
STREET ADDRESS 1243 MARLOW ST
CITY-ST-ZIP PORT CHARLOTTE FL 33952 ☐ Delete

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

TITLE STD ☒ Change ☐ Addition
NAME BAGBY, DALE
STREET ADDRESS 27327 PORTO NACIONAL DRIVE
CITY-ST-ZIP PUNTA GORDA Florida 33983

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: *Fred Bergstrasser* BERGSTRASSER July 5.01 (94) 743-3950

CR2E037 (5/01)