

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005053

1. Entity Name

ACREAGE PINES COMMUNITY CHURCH OF ROYAL PALM BEA

Principal Place of Business

ACREAGE PINES COMM. EL. SCHOOL  
ORANGE BLVD  
LOXHATCHEE FL 33470  
US

Mailing Address

1128 ROYAL PALM BEACH BLVD  
BOX 403  
ROYAL PALM BEACH FL 33411-1683  
US

2. Principal Place of Business

3. Mailing Address

PMB 403

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1128 Royal Palm Beach Blvd

City & State

City & State

Royal Palm Beach, FL

Zip

Country

Zip

Country

33411

US

4. FEI Number

65-0527724

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

LOVELAND, JEFFREY  
15518 79TH CT N  
LOXAHATCHEE FL 33470

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 D  
NAME CALDWELL, DENNIS  
STREET ADDRESS 11512 42ND RD N  
CITY-ST-ZIP ROYAL PALM BEACH FL

☐ Delete

TITLE D/S  
NAME Caldwell, Dennis  
STREET ADDRESS 11512 42nd Rd N  
CITY-ST-ZIP Royal Palm Beach, FL 33411

☒ Change ☐ Addition

TITLE DVP  
NAME FRITSCH, BILL  
STREET ADDRESS 15668 77TH PLACE NORTH  
CITY-ST-ZIP LOXAHATCHEE FL 33470

☐ Delete

TITLE D/P  
NAME Fritsch, Bill  
STREET ADDRESS 15668 77th Place North  
CITY-ST-ZIP Loxahatchee, FL 33470

☒ Change ☐ Addition

TITLE DP  
NAME LOVELAND, JEFFREY  
STREET ADDRESS 15518 79TH CT N  
CITY-ST-ZIP LOXAHATCHEE FL 33470

☐ Delete

TITLE DVP  
NAME Loveland, Jeffrey  
STREET ADDRESS 15518 79th Court North  
CITY-ST-ZIP Loxahatchee, FL 33470

☒ Change ☐ Addition

TITLE D  
NAME TREEN, ROBERT  
STREET ADDRESS 147 GALIANO STREET  
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DT  
NAME POTTS, MARC  
STREET ADDRESS 134 MIRAMAR AVENUE  
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE DS  
NAME TATHAM, PAUL  
STREET ADDRESS 133 RAVEN COURT  
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Jan 25, 2000 8:00 am  
Secretary of State

01-25-2000 90087 012 \*\*\*\*61.25

00008583



DO NOT WRITE IN THIS SPACE