

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002280

1. Entity Name

CHURCH OF CHRIST EASTSIDE CONGREGATION, INC.

**FILED**  
**Aug 29, 2000 8:00 am**  
**Secretary of State**

08-29-2000 90002 009 \*\*\*\*70.00

Principal Place of Business

2707 CENTERVIEW PL  
 BRANDON FL 33511  
 US

Mailing Address

P.O. BOX 2658  
 BRANDON FL 33511  
 US

A0074592



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3328665

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

PIRANT, ROBERT L  
 2707 CENTERVIEW PL  
 BRANDON FL 33511

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 13, 2000 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
 NAME PIRANT, ROBERT L  
 STREET ADDRESS 2707 CENTERVIEW PL  
 CITY-ST-ZIP BRANDON FL 33511

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

TITLE VD ☒ Delete  
 NAME CLARK, JEFFREY R  
 STREET ADDRESS 6929 POTOMAC CIRCLE  
 CITY-ST-ZIP RIVERVIEW FL 33569

TITLE VD ☐ Change ☒ Addition  
 NAME BOONE, Johnny L  
 STREET ADDRESS 3701 W. WYOMING AVE  
 CITY-ST-ZIP TAMPA FL 33611

TITLE VD ☐ Delete  
 NAME PRINCE, DAVID E  
 STREET ADDRESS 18137 SWAN LAKE DR  
 CITY-ST-ZIP LUTZ FL 33549

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

TITLE VD ☒ Delete  
 NAME TURNER, JIM  
 STREET ADDRESS 1210 LADY ELAINE DR.  
 CITY-ST-ZIP VALRICO FL

TITLE VD ☐ Change ☒ Addition  
 NAME obie Howard  
 STREET ADDRESS 504 East James st  
 CITY-ST-ZIP Tampa Fl. 33603

TITLE SD ☒ Delete  
 NAME GILMORE, DEBORA  
 STREET ADDRESS 2402 N. TAMPANIA AVE.  
 CITY-ST-ZIP TAMPA FL 33607

TITLE ☐ Change ☒ Addition  
 NAME Beverly Terrall  
 STREET ADDRESS 701 Hilltop Dr.  
 CITY-ST-ZIP Brandon, FL 33511

TITLE ☐ Delete  
 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

08/13/00 (813) 651-0682

Date

Daytime Phone #

CR2E037 (5/00)