

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90285 005 *****70.00

0056305

DOCUMENT # N95000002280

1. Entity Name

CHURCH OF CHRIST EASTSIDE CONGREGATION, INC.

Principal Place of Business

2707 CENTERVIEW PL
 BRANDON FL 33511
 US

Mailing Address

P.O. BOX 2658
 BRANDON FL 33511
 US

2. Principal Place of Business

5231 County Road 579

3. Mailing Address

Suite, Apt. #, etc.

City & State

Seffner, Florida

City & State

Zip

33584 Hillsborough

Country

4. FEI Number

59-3328665

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PIRANT, ROBERT L
 2707 CENTERVIEW PL
 BRANDON FL 33511

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

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	<input type="checkbox"/> Delete
NAME	PIRANT, ROBERT L	
STREET ADDRESS	2707 CENTERVIEW PL	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BOONE, JOHNNY L	
STREET ADDRESS	3701 W WYOMING AVE 109	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PRINCE, DAVID E	
STREET ADDRESS	18137 SWAN LAKE DR	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOWARD, OBIE	
STREET ADDRESS	504 EAST JAMES ST	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TERRELL, BEVERLY	
STREET ADDRESS	701 HILLPOINT DR	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E037 (10/00)