# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 30, 2000 8:00 am**
**Secretary of State**
05-30-2000 90100 023 ****70.00

DOCUMENT # N95000005290

1. Entity Name

MAYFLOWER CONGREGATIONAL UNITED CHURCH OF CHRIST

| Principal Place of Business | Mailing Address |
|---|---|
| ~~165 SEABREEZE AVE~~ 2900 COUNTY BARN RD.<br>~~NAPLES FL 34108~~<br>US<br>NAPLES, FL 34112 | P.O. BOX 11133<br>NAPLES FL 34101-1133<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2900 County Barn Rd | Suite, Apt. #, etc. |
| ~~Naples~~ Naples FL 34112 | |
| City & State | City & State |
| Zip 34112 Country US | Zip Country |

4. FEI Number 65-0177117 ☐ 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 |
|---|---|
| HARMON, HOLLY A.<br>4001 9TH ST N<br>STE 300<br>NAPLES FL 34103 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>SEVERS, BONNIE<br>4759 25TH PLACE SW APT A<br>NAPLES FL 34116 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>SAME AS BEFORE<br>BONNIE SEVERS | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DTP<br>TWISS, ROBERT S.<br>4626 LAKEWOOD BLVD<br>NAPLES FL 34112 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DTP<br>BRADLEY, LARRY<br>1582 FOX FIRE LANE<br>NAPLES, FL 34104 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>APPLEGATE, JAMES B<br>8305 GINGER LILY COURT<br>NAPLES FL 34113 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>FERN GOLDSMITH<br>4941 CORTEZ CIR<br>NAPLES FL 34112 | ☒ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DNP<br>BRADLEY, LARRY<br>1582 FOXFIRE LANE<br>NAPLES FL 34104 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVP<br>APPLEGATE, JAMES<br>8305 GINGER LILY CT<br>NAPLES FL 34113 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/99)

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:** Fern N Goldsmith 5-15-2000 941-775-0055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #