

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002552

1. Entity Name

BUCKHEAD RIDGE CHRISTIAN CHURCH, INC.

Principal Place of Business

21300 LINDA GARDENS RD NE
OKEECHOBEE FL 34974

Mailing Address

P.O. BOX 2795
OKEECHOBEE FL 34973-2795

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3423733

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

KELCHNER, THEODORE
2062 SW 18TH LANE
OKEECHOBEE FL 34974

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 DP ☐ Delete
NAME BARBER, WILLIAM
STREET ADDRESS 26 6TH ST
CITY-ST-ZIP OKEECHOBEE FL 34974

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

TITLE DV ☐ Delete
NAME ROOSA, EARL
STREET ADDRESS 135 CHOBEE LOOP
CITY-ST-ZIP OKEECHOBEE FL 34974

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

TITLE DST ☐ Delete
NAME KELCHNER, THEODORE
STREET ADDRESS 2062 SW 18TH LANE
CITY-ST-ZIP OKEECHOBEE FL 34974

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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:

Theodore Kelchner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-5-00 (863) 263-7100



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)