

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006160

1. Entity Name

PINE HILLS CHURCH OF CHRIST, INC.

Principal Place of Business

890 N. HASTINGS ST.
ORLANDO FL 32808

Mailing Address

890 N. HASTINGS ST.
ORLANDO FL 32808-7006

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

59-3417514

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

DUBOSE, JOHN E JR.
315 E. ROBINSON ST STE 555
ORLANDO FL 32801

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

T ☐ Delete
NAME NICHOLSON, DAN
STREET ADDRESS 5301 BARNETT PLACE
CITY-ST-ZIP ORLANDO FL 32808

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

T ☐ Delete
NAME WORD, JAMES
STREET ADDRESS 4911 CORTEZ DRIVE
CITY-ST-ZIP ORLANDO FL 32808

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

T ☐ Delete
NAME DILLINGER, AUSTIN
STREET ADDRESS 2222 CORLISS DRIVE
CITY-ST-ZIP ORLANDO FL 32808

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

☐ Delete
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CITY-ST-ZIP

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☐ 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 Austin Dillinger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE