

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002746

1. Entity Name

RUSKIN CHURCH OF CHRIST, INC.

**FILED**  
May 16, 2002 8:00 am  
Secretary of State

05-16-2002 90082 028 \*\*\*\*61.25

Principal Place of Business

Mailing Address

RUSKIN CHURCH OF CHRIST INC  
611 2ND AVE NW  
RUSKIN FL 33570

P.O. BOX 1037  
RUSKIN FL 33570  
US

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

59-3457159

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

UPTGRAFF, DAN  
611 2ND ST NW  
RUSKIN FL 33570

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

4-21-02

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	D UPTGRAFF, DAN 10604 BILL TUCKER RD WIMAUMA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC SOSBEE, DORIS 2001 HEATHFIELD CIRCLE SUN CITY CENTER FL 33573	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DELLINGER, LOLA P.O. BOX 7148 N/A SUN CITY CENTER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHITACRE, BETTY R 6710 ELLENTON-GILLETTE RD. #125 PALMETTO FL 34221-9664	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, BARBARA P O BOX 113 N/A RUSKIN FL 33570	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUTER, HAROLD 1119 41ST AVE. E. ELLENTON, FL 34222	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAULKINS, FRANK 319 FLAMINGO DR. APOLLO BEACH, FL 33572	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUN CITY, FL 33586	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUTER, HAROLD 1119 41ST AVE. E. ELLENTON, FL 34222	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

CR2E037 (9/01)

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:

BETTY R. WHITACRE  
BETTY R. WHITACRE

4-21-02

941-729-3169