

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003314

1. Entity Name

UNITED CHURCH OF THE LORD JESUS CHRIST, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90133 037 ****70.00

Principal Place of Business

Mailing Address

820 CRESTWOOD ST
 JACKSONVILLE FL 32208

P O BOX 3675
 JACKSONVILLE FL 32206-0675

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

APPLIED FOR

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

BROWN, WILBERT A

~~6281 LEONA ST~~
 JACKSONVILLE FL ~~32219~~

*2503 BLUEBERRY LN
 32211*

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 ☐ Delete
 NAME **P**
 STREET ADDRESS **BROWN, WILBERT A**
 CITY-ST-ZIP **2503 BLUEBERRY LN
 JACKSONVILLE FL 32211**

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **WOODARD, DOROTHY**
 CITY-ST-ZIP **8842 YEOMAN DR
 JACKSONVILLE FL 32208**

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **WOODARD, JOHNNIE DECON**
 CITY-ST-ZIP **8842 YEOMAN DR
 JACKSONVILLE FL 32208**

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

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **PLATT, SANDRA SIS**
 CITY-ST-ZIP **2818 YELLOW PINE DR
 JACKSONVILLE FL 32279**

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **PLATT, EUGENE EVAN**
 CITY-ST-ZIP **2818 YELLOW PINE DR
 JACKSONVILLE FL 32279**

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wilbert A. Brown 4/25/2000

Date

(Daytime Phone #)

CR2E037 (9/99)