## **2000 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered

## FILED DOCUMENT # **N99000000973** Feb 07, 2000 8:00 am 1. Entity Name **Secretary of State** FIRST FAIRFIELD PRESBYTERIAN CHURCH, INC. 02-07-2000 90055 029 \*\*\*\*61.25 Mailing Address Principal Place of Business 9349 N.W. HWY 225A 9349 N.W. HWY 225A OCALA FL 34482-1272 OCALA FL 34482 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Nümber Applied For City'& State - - --City & State 59-1717424 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FRAZEE, CRAIG 9349 N.W. HWY 225A **OCALA FL 34482** Zip Code City 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) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME FRAZEE, CRAIG STREET ADDRESS STREET ADDRESS 9349 N.W. HWY 225A CITY-ST-7IP CITY-ST-ZIP OCALA FL 34482 Change Addition TITLE ☐ Delete TITLE NAME NAME NAGELE, BETTE G STREET ADDRESS 12600 N.W. HWY 225 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP REDDICK FL 32686 ■ Addition TITLE Change TITLE ST ☐ Delete NAME NAME REID, KAREN STREET ADDRESS STREET ADDRESS 14020 N.W. HWY 225A C!TY-ST-ZIP CITY-ST-ZIP REDDICK FL 32686 Change Addition TITLE Delete TITLE NAME NAME GUTSCHLAG, RABB Y STREET ADDRESS STREET ADDRESS 6399 N.W. 100TH STREET CITY-ST-ZIP CITY-ST-ZIP **OCALA FL 34482** TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME GATRELL, FRED STREET ADDRÉSS STREET ADDRESS 6400 N.W. HWY 316 CITY-ST-ZIP CITY-ST-ZIP REDDICK FL 32686 ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME MASON, CARA JUNE NAME STREET ADDRESS STREET ADDRESS 13429 N.W. HWY 225 CITY-ST-ZIP CITY-ST-ZIP REDDICK FL 32686 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

Daytime Phone #