

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001122

1. Entity Name

UNITED CHRISTIAN SERVICES, INC.

Principal Place of Business

Mailing Address

342 EAST FOXCROFT DR., SUITE 3
PALM HARBOR FL 34683

P.O. BOX 572
PALM HARBOR FL 34682-0572

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

59-356346-0

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

FAULKNER, MAGGIE C
342 EAST FOXCROFT DR., SUITE 1
PALM HARBOR FL 34683

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 FAULKNER, MARGARET C DR.
STREET ADDRESS 342 EAST FOXCROFT DR., SUITE 3
CITY-ST-ZIP PALM HARBOR FL 34683

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

T ☐ Delete
NAME FAULKNER, NICHOLAS M
STREET ADDRESS 342 EAST FOXCROFT DR., SUITE 3
CITY-ST-ZIP PALM HARBOR FL 34683

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

T ☐ Delete
NAME BONO, KATHLEEN J
STREET ADDRESS 4801 GRAND BLVD., #12
CITY-ST-ZIP NEW PORT RICHEY FL 34652

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

T ☐ Delete
NAME SCHNEIDER, SANDRA M
STREET ADDRESS 8035 STAG LANE
CITY-ST-ZIP NEW PORT RICHEY FL 34652

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

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90002 006 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)