

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000002210**

1. Entity Name

CHINESE AND ENGLISH CHURCH OF CHRIST OF CLEARWAT**FILED****Jun 23, 2000 8:00 am**
Secretary of State

05-09-2000 90131 047 ****61.25

Principal Place of Business

2450 SUNSET POINT ROAD
SUITE A
CLEARWATER FL 33765

Mailing Address

2450 SUNSET POINT ROAD
SUITE A
CLEARWATER FL 33765-1516

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

CHURCH OF CHRIST

P.O. BOX 674

PALM HARBOR, FLORIDA

34682-0674

U.S.A.

4. FEI Number

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

REICHEL, RICHARD
1721 GEORGIA AVE.
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

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

TITLE MD
NAME REICHEL, RICHARD R. ☐ Delete
STREET ADDRESS 1721 GEORGIA AVE.
CITY-ST-ZIP PALM HARBOR, FL. 34683TITLE D
NAME REICHEL, CATHERINE T. ☐ Delete
STREET ADDRESS 1721 GEORGIA AVE.
CITY-ST-ZIP PALM HARBOR, FL. 34683TITLE D
NAME REICHEL, RALTON ☐ Delete
STREET ADDRESS 1721 GEORGIA AVE.
CITY-ST-ZIP PALM HARBOR, FL. 34683TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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: REICHEL, RICHARD R. 4/27/2000 727-784-1891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #