

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002972

1. Entity Name

UNITED PENTECOSTAL CHURCH, INC. OF THE TREASURE

Principal Place of Business

Mailing Address

5805 PAPAYA DRIVE
FORT PIERCE FL 34982

5805 PAPAYA DRIVE
FORT PIERCE FL 34982-3720

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

65-0912503

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

KOTTHAUS, FREDERICK C
5805 PAPAYA DRIVE
FORT PIERCE FL 34982

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	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
	D	KOTTHAUS, FREDERICK C	5805 PAPAYA DRIVE FORT PIERCE FL 34982	☐					☐	☐
	D	MEEHAN, CHRIS	2001 S 30TH STREET FORT PIERCE FL 34947	☐					☐	☐
	D	MCCLOUD, MARK	5911 BALSAM DRIVE FORT PIERCE FL 34982	☐					☐	☐
	D	BYRD, STEVE	766 NW RAINBOW ST PORT ST. LUCIE FL 34983	☐					☐	☐
	ST	MEEHAN, SUSAN	2001 S 30TH STREET FORT PIERCE FL 34947	☐					☐	☐
				☐					☐	☐

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90065 045 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)