## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Feb 20, 2001 8:00 am DOCUMENT # N99000002972 Secretary of State UNITED PENTECOSTAL CHURCH, INC. OF THE TREASURE 02-20-2001 90077 007 \*\*\*\*61.25 Principal Place of Business Mailing Address 5805 PAPAYA DRIVE 5805 PAPAYA DRIVE FORT PIERCE FL 34982 FORT PIERCE FL 34982 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0912503 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) KOTTHAUS, FREDERICK C 5805 PAPAYA DRIVE FORT PIERCE FL 34982 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE TITLE ☐ Change ☐ Addition ☐ Delete KOTTHAUS, FREDERICK C NAME NAME STREET ADDRESS STREET ADDRESS 5805 PAPAYA DRIVE CITY-ST-ZIP CITY-ST-ZIP FORT PIERCE FL 34982 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MEEHAN, CHRIS NAME STREET ADDRESS STREET ADDRESS **2001 S 30TH STREET** CITY-ST-ZIP -FORT PIERCE FL 34947 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MCCLOUD, MARK NAME NAME STREET ADDRESS 5911 BALSAM DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FORT PIERCE FL 34982 TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME BYRD, STEVE NAME. STREET ADDRESS 766 NW RAINBOW ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ST. LUCIE FL 34983 TITLE ☐ Delete TITLE Change ☐ Addition MEEHAN, SUSAN NAME NAME STREET ADDRESS 2001 S 30TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT PIERCE FL 34947 ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 winter an address, with all other like empowered.

SIGNATURE:

STURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/01

561-460-8

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