## 2000 UNIFORM BUSINESS REPORT (UBR)

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## **FILED** DOCUMENT # N99000006858 Mar 13, 2000 8:00 am 1. Entity Name **Secretary of State** LIGHTHOUSE BAPTIST CHURCH OF ALACHUA COUNTY, INC 03-13-2000 90010 020 \*\*\*\*61.25 Mailing Address Principal Place of Business P O BOX 357115 4200 NW 97TH BLVD BEST WESTERN GATEWAY GRAND GAINESVILLE FL 32635-7115 GAINESVILLE FL 32606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State Not Applicable Zip \$8.75 Additional Zip Country 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) WRUCK, DANIEL C 2006 NW 55TH AVE F-4 GAINESVILLE FL 32653 Zip Code FL 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 Fiorida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be $\Box$ Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition PTD ☐ Delete TITLE TITLE NAME ASBURY, JAY D NAME STREET ADDRESS STREET ADDRESS 234 N SUMMIT ST CITY-ST-ZIP CITY-ST-ZIP CRESCENT CITY FL 32112 ☐ Change ☐ Addition TITLE VSD ☐ Delete TITLE NAME NAME Wruck, Daniel C STREET ADDRESS STREET ADDRESS 2006 NW 55TH AVE F-4 CITY-ST-7IP CITY-ST-ZIP GAINESVILLE FL 32653 Change ☐ Addition TITLE ☐ Delete TITLE NAME WRUCK, ESTHER C NAME STREET ADDRESS STREET ADDRESS 2006 NW 55 AVE F-4 CITY-ST-ZIP CHTY-ST-ZIP GAINESVILLE FL 32653 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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