

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 02, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # P32252**

1. Entity Name  
**SEVENTH DAY ADVENTIST REFORM MOVEMENT, SOUTH EAST U.S. FIELD CORPORATION**

Principal Place of Business 1343 OLD HICKORY BLVD. NASHVILLE 37207 US	Mailing Address P. O. BOX 78273 NASHVILLE 372078273 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number <b>62-1407121</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HAGA LYDIA 1675 MORNINGSIDE DR MIDDLEBURG 32068 FL US		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ DATE **05/02/2000**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	S	<input type="checkbox"/> Delete		TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROSTOVSKI HENRY			NAME	BROSTOVSKI HENRY		
STREET ADDRESS	5240 HOLLINS RD			STREET ADDRESS	344 STONE LEA DR		
CITY-ST-ZIP	ROANOKE VA 244019			CITY-ST-ZIP	TROUTVILLE VA 24175		
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FLORES FERNANDO			NAME			
STREET ADDRESS	1521 NE 10TH			STREET ADDRESS			
CITY-ST-ZIP	HOMESTEAD FL 33033			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUREC BENJAMIN			NAME			
STREET ADDRESS	3494 FARMERS RD.			STREET ADDRESS			
CITY-ST-ZIP	FINCASTLE VA			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PINTEA MARGARET			NAME			
STREET ADDRESS	1963 FOUR NORTH RD			STREET ADDRESS			
CITY-ST-ZIP	CARROLLTON GA			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAUSEVIC, PETER D			NAME			
STREET ADDRESS	6664 ALLEN RD			STREET ADDRESS			
CITY-ST-ZIP	SPRINGFIELD TN			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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 with an address, with all other like empowered.