

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

TN

Mailing Address

P. O. BOX 78273

NASHVILLE

372078273

US

TN

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

62-1407121

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HAGA LYDIA
1675 MORNINGSTAR DR

MIDDLEBURG

32068

US

FL

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.)

05/02/2000

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 S ☐ Delete
NAME BROSTOVSKI HENRY
STREET ADDRESS 5240 HOLLINS RD
CITY-ST-ZIP ROANOKE VA 244019

TITLE P ☐ Delete
NAME FLORES FERNANDO
STREET ADDRESS 1521 NE 10TH
CITY-ST-ZIP HOMESTEAD FL 33033

TITLE D ☐ Delete
NAME BUREC BENJAMIN
STREET ADDRESS 3494 FARMERS RD.
CITY-ST-ZIP FINCASTLE VA

TITLE T ☐ Delete
NAME PINTEA MARGARET
STREET ADDRESS 1963 FOUR NORTH RD
CITY-ST-ZIP CARROLLTON GA

TITLE V ☐ Delete
NAME LAUSEVIC, PETER D
STREET ADDRESS 6664 ALLEN RD
CITY-ST-ZIP SPRINGFIELD TN

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S ☒ Change ☐ Addition
NAME BROSTOVSKI HENRY
STREET ADDRESS 344 STONE LEA DR
CITY-ST-ZIP TROUTVILLE VA 24175

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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.