

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P32252

1. Entity Name

SEVENTH DAY ADVENTIST REFORM MOVEMENT, SOUTH EAS

FILED
Jul 05, 2001 8:00 am
Secretary of State

07-05-2001 90005 010 ****61.25

Principal Place of Business

1343 OLD HICKORY BLVD.
NASHVILLE TN 37207
US

Mailing Address

P. O. BOX 78273
NASHVILLE TN 37207-8273
US

AUU73841

2. Principal Place of Business

3. Mailing Address

P.O. Box 1771

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Loganville, GA

4. FEI Number 62-1407121

Applied For
Not Applicable

Zip Country

Zip Country
30052 US

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

HAGA, LYDIA
1675 MORNINGSIDE DR
MIDDLEBURG FL 32068

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

TITLE President
NAME
STREET ADDRESS 3322 Dewey Hogan Rd
CITY-ST-ZIP Monroe GA 30656 ☒ Change ☐ Addition

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

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

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

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

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

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

TITLE S
NAME BROSTOVSKI, HENRY
STREET ADDRESS 344 STONE LEA DR
CITY-ST-ZIP TROUTVILLE VA 24-175 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE VP
NAME Homero Paredes
STREET ADDRESS 589 Tyler Ave
CITY-ST-ZIP Daytona FL 32725 ☐ Change ☒ Addition

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: Peter D. Lausovic

SIGNATURE REQUIRED

3322 Dewey Hogan Rd
Monroe GA 30656

0087710

CR2E037 (10/00)