

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701782

1. Entity Name

BIBLE PRESBYTERIAN CHURCH, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90211 041 ****61.25

Principal Place of Business

5635 NO DAUGHTERY RD
LAKELAND FL 33809
US

Mailing Address

5810 N DAUGHTERY ROAD
LAKELAND FL 33809-6117

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

05-0067921

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

7. Name and Address of New Registered Agent

WANN, ROBERT
254 LEITHA WAY
LAKELAND, FL
LAKELAND FL 33809

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 PD ☐ Delete
NAME WANN, ROBERT
STREET ADDRESS 254 LEITHA WAY
CITY-ST-ZIP LAKELAND FL

TITLE STD ☐ Change ☒ Addition
NAME Mike Lait
STREET ADDRESS 11221 Sherrouse
CITY-ST-ZIP Lakeland, FL, 33810

TITLE VPD ☐ Delete
NAME SUDLOW, STEVE
STREET ADDRESS 6304 DOE CIRCLE
CITY-ST-ZIP LAKELAND FL

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

TITLE STD ☒ Delete
NAME ~~KLEINTOP, MAX~~
STREET ADDRESS ~~5723 LAKEGROVE DRIVE~~
CITY-ST-ZIP ~~LAKELAND FL~~

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

TITLE STD ☐ Delete
NAME ~~Mike Lait~~
STREET ADDRESS ~~11221 Sherrouse~~
CITY-ST-ZIP ~~Lakeland, FL, 33810~~

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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.

SIGNATURE: *Robert Lait*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/2000
Date

863-458-8904
Daytime Phone #

CR21017 (3/99)