## **2001 UNIFORM BUSINESS REPORT (UBR)**

2001 UNIFORM BUSINESS REPORT (UBR)						FILED			
DOCUMENT # 744875  1. Entity Name				به <b>ب</b>	Jan 22, 2001 8:00 am Secretary of State				
THE BI	BLE BAPTIST CHURCH OF	BRADENTON, FLORIDA	۱,			01-22-2001 90147 004			
Principal Plac	ce of Business	Mailing Address			-				
2113 MORGAN JOHNSON RD BRADENTON FL 34208		2113 MORGAN JOHNSON RD BRADENTON FL 34208			D000	6347			
<u> </u>		1					alan dan dian a		
2. Principal Place of Business		3. Mailing Address			L LEGIZI LEGIZI GURZI BURZI JENIC HARRI BINF BIRAN BUZTIN RUGII BURN BUZZI FIOLI 1001				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & State		City & State		4. FEI Number 59-2119467 Applied For Not Applicable					
Zip	Country	Zip		ntry	5. Certificate	of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Currer	nt Registered Agent		Name	7. Name and	Address of New Registered	1 Agent		
- <del></del>									
BYRAM, (				Street Address	s (P.O. Box Numbe	er is Not Acceptable)			
BRADENT	ON, FL. FL 34202	/ Cit		City	FL Zip Code				
	FILE NOW:				OO May Be Make Check Payable to				
	FEE IS \$61.25		ution.	□ Add	ed to Fees	Departmer			
TITLE	OFFICERS AND D	DIRECTORS	-11. TITLE		ADDITIONS/CH/	ANGES TO OFFICERS AND D	DIRECTORS IN Change	10 Addition	
NAME	MARLOW, A.D.	□ Delete	NAME	l l			C change	Addition	
STREET ADDRESS CITY-ST-ZIP	3607-38TH AVENUE, E. BRADENTON FL			ET ADDRESS ST-ZIP					
TITLE	PD	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS	MASTERSON, TODD 12306 SR 62		NAME	ET ADDRESS					
CITY-ST-ZIP	PARRISH FL 34219			ST-ZIP	شم سد ب	way was			
TITLE	VD CHEE	☐ Delete	TITLE	1			☐ Change	☐ Addition	
NAME STREET ADDRESS	STRONG, CLIFF 4512-3 AVE. E.		NAME STREE	T ADDRESS					
CITY-ST-ZIP	BRADENTON FL 34208		CITY-	ST-ZIP					
TITLE		☐ Delete	TITLE	Ī			Change	☐ Addition	
NAME STREET ADDRESS			NAME	T ADDRESS					
CITY-ST-ZIP			CITY-	ST-ZIP					
TITLE NAME		☐ Delete	TITLE				☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREE	T ADDRESS ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			CITY-	T ADDRESS ST-ZIP					
indicated of the cor	certify that the information supplied wi on this report or supplemental report poration or the receiver or trustee em or on an attachment with an address	is true and accurate and that movered to execute this report:	ıv sianatı	ure shall have the	e same legal effect	as if made under oath: that I	l am an officer	or director	

ASSIMULTE READ FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date