

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748336

1. Entity Name

FIRST BAPTIST CHURCH OF LUTZ, LUTZ BAPTIST HOLDI

Principal Place of Business

18116 US HWY 41 NORTH
LUTZ FL 33549

Mailing Address

18116 US HWY 41 NORTH
LUTZ FL 33549-4473

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

59-0838088

Applied For

Not Applicable

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

HANCOCK, GENE
18416 TIMBERLAN DR
LUTZ FL 33549

Name

Sam Houston

Street Address (P.O. Box Number is Not Acceptable)

414 2nd Ave, S.E.

City

Lutz

FL

Zip Code

33549

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

Sam Houston

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	<input checked="" type="checkbox"/> Delete
NAME	HANCOCK, GENE	
STREET ADDRESS	18416 TIMBERLAN DR	
CITY-ST-ZIP	LUTZ FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HABER, LEE	
STREET ADDRESS	16811 STANZA CT.	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MOORE, SALLY	
STREET ADDRESS	17902 HANNA RD.	
CITY-ST-ZIP	LUTZ, FL 00000	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MEID, ED	
STREET ADDRESS	18305 CYPRESS COVE RD.	
CITY-ST-ZIP	LUTZ, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, JIM	
STREET ADDRESS	18306 SWAN LAKE DR.	
CITY-ST-ZIP	LUTZ FL	
TITLE	M	<input type="checkbox"/> Delete
NAME	NALLS, HAZEL	
STREET ADDRESS	908 TOMLINSON DR.	
CITY-ST-ZIP	LUTZ FL	

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Houston, Sam	
STREET ADDRESS	414 2nd Ave., S.E.	
CITY-ST-ZIP	Lutz, FL 33549	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Sam Houston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-4-00

Date

Daytime Phone #

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90164 017 ****70.00

80009734



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)