

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **767247**

1. Entity Name

**FIRST BAPTIST CHURCH CITRUS PARK, INC.**

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90116 021 \*\*\*\*70.00

Principal Place of Business

Mailing Address

7705 GUNN HWY  
 TAMPA FL 33625

7705 GUNN HWY  
 TAMPA FL 33625-3117

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

**59-1268217**

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

**GRANT, JOHN A., JR., ESQ.**  
**1411 N. WESTSHORE BLVD., #100**  
**TAMPA FL 33607**

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	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>LEATHERMAN, GARY</b>	
STREET ADDRESS	<b>16201 ARMISTEAD LANE</b>	
CITY-ST-ZIP	<b>ODESSA FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>HOWLETT, JOE</b>	
STREET ADDRESS	<b>12708 CHE CHE PLACE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, GEOFFREY</b>	
STREET ADDRESS	<b>9512 EDDINGS ROAD</b>	
CITY-ST-ZIP	<b>ODESSA FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Geoffrey E Smith* (Geoffrey E Smith) 1-12-00 813-920-2128  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)