

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 02, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90279 036 \*\*\*\*61.25

**DOCUMENT # 770479**

1. Entity Name

**MYRTLE LAKE BAPTIST HOLDING CO.**

Principal Place of Business

**2017 RIEGLER ROAD  
 LAND O LAKES FL 34639**

Mailing Address

**2017 RIEGLER ROAD  
 LAND O LAKES FL 34639**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2244542**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HUBBARD, DOUGLAS  
 6449 COUNTRY CLUB ROAD  
 WESLEY CHAPEL FL 33544-3731**

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\*

*Doug Hubbard*

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	CD	<input checked="" type="checkbox"/> Delete
NAME	WHITE, LEO JR	
STREET ADDRESS	3150 CASTLE ROCK CIR	
CITY-ST-ZIP	LAND O'LAKES FL 34639	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, DELMAR	
STREET ADDRESS	PO BOX 858 N/A	
CITY-ST-ZIP	LAND O'LAKES FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HINST, DON	
STREET ADDRESS	16130 SAGEBRUSH RD	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLADSON, BLAINE	
STREET ADDRESS	3446 PKWY BLVD	
CITY-ST-ZIP	LAND O'LAKES FL 34639	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRISON, GEORGE	
STREET ADDRESS	23817 LAKE HILLS DR	
CITY-ST-ZIP	LUTZ FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEHAFFEY, RAYMOND	
STREET ADDRESS	14506 WATERLOO RD.	
CITY-ST-ZIP	ODESSA FLORIDA 33556	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE, PHYLLIS	
STREET ADDRESS	4580 PARKWAY BLVD.	
CITY-ST-ZIP	LAND O' LAKES, FLORIDA 34639	
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:

*Doug Hubbard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/01

Date

(813) 949-5516

Daytime Phone #

CR2E037 (10/00)