

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 27 PM 4:26

DOCUMENT # **N94000005211**  
1. Entity Name **TAMPA REFORMED BAPTIST CHURCH, INC.**

Principal Place of Business **3915 NORTH TAMPA ST. TAMPA, FL 33603**  
Mailing Address **16710 VANDERVORT ACRES LN LUTZ, FL 33549**

2. Principal Place of Business **3915 NORTH TAMPA ST. TAMPA, FL**  
3. Mailing Address **16710 VANDERVORT ACRES LANE LUTZ FL**

City & State **TAMPA, FL**  
City & State **LUTZ FL**

Zip **33603** Country **HILLSBOROUGH**  
Zip **33549** Country **HILLSBOROUGH**

4. FEI Number **59-326-9551**  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**GARY L. CARTER, PASTOR**  
**16710 VANDERVORT ACRES LANE**  
**LUTZ, FL 33549**

7. Name and Address of New Registered Agent  
Name **GARY L. CARTER**  
Street Address (P.O. Box Number is Not Acceptable) **16710 VANDERVORT ACRES LANE**  
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 **GARY L. CARTER, PASTOR** *Gary L. Carter* **3-17-2000**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PASTOR, TRUSTEE</b> <input type="checkbox"/> Delete <b>GARY L. CARTER</b> <b>16710 VANDERVORT ACRES LANE</b> <b>LUTZ, FL 33549</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER, TRUSTEE</b> <input type="checkbox"/> Delete <b>JAMES B. BOOKAMER</b> <b>14025 HAPPY HILL ROAD</b> <b>DADE CITY, FL 33525</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRUSTEE</b> <input type="checkbox"/> Delete <b>ROBERT HEINTZ</b> <b>3232 LAKE PINE WAY EAST</b> <b>TARPOON SPRINGS, FL 34689</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

000003195580--0  
-04/04/00--01084--017  
\*\*\*\*\*01.25 \*\*\*\*\*01.25

**AD**

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: **GARY L. CARTER, PASTOR** *Gary L. Carter* **3-17-2000** **813-909-8949**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)