

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702054

1. Entity Name

BELL SHOALS BAPTIST CHURCH OF BRANDON, INC.

Principal Place of Business

2102 BELL SHOALS RD.  
BRANDON FL 33511

Mailing Address

2102 BELL SHOALS RD.  
BRANDON FL 33511-6699

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1320590

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

WILLIAMS, JAMES  
2943 MINUTEMAN LANE  
BRANDON FL 33511

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

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WHITE, CLIFF B	
STREET ADDRESS	2113 ARBOR OAKS DR.	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILLIAMS, JAMES	
STREET ADDRESS	2943 MINUTEMAN LANE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	GUNN, CHESTER	
STREET ADDRESS	612 ELAINE DR.	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILLESPIE, FRANK	
STREET ADDRESS	2216 SHERBROOK DR.	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOCK, TOM	
STREET ADDRESS	4601 DOGWOOD HILLS CT.	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WRIGHT, CARY	
STREET ADDRESS	2703 BRIAN HOLLY DR	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPANO, ROSS	
STREET ADDRESS	5502 LINDBURG ST	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
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: James Williams SIGNED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-00

FILED  
Jan 29, 2000 8:00 am  
Secretary of State

01-29-2000 90038 008 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE