

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701593

1. Entity Name

BELFORT ROAD BAPTIST CHURCH, INC.

Principal Place of Business

2950 BELFORT ROAD
JACKSONVILLE FL 32216

Mailing Address

2950 BELFORT ROAD
JACKSONVILLE FL 32216-5308

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

59-2925841

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLAZS, JULIUS J.
2950 BELFORT ROAD
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name

Robert E. Hill

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

2950 Belfort Road

City

Jacksonville

FL

Zip Code

32216

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

Robert E. Hill

January 10, 2000

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	P	<input checked="" type="checkbox"/> Delete
NAME	BLAZS, JULIUS J.	
STREET ADDRESS	10575 LANGSLAND COURT	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DELEON, CARLOS	
STREET ADDRESS	3927 EVE DR E	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAXWELL, FRED	
STREET ADDRESS	1830 DEWEY PLACE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	HILL, ROBERT E.	
STREET ADDRESS	5448 LORI DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLIGAN, CLIFFORD	
STREET ADDRESS	8857 REGINA RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FONGEALLAZ, MICHAEL	
STREET ADDRESS	9675 OLD BAYMEADOWS RD APT 63	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert E. Hill	
STREET ADDRESS	5448 Lori Dr.	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Kemp	
STREET ADDRESS	12023 Candlewyck Lane	
CITY-ST-ZIP	Jacksonville, FL 32225	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Driggers	
STREET ADDRESS	2117 Sheridan St.	
CITY-ST-ZIP	Jacksonville, FL 32207	
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:

NOTARIAL SEAL REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert E. Hill Jan. 10, 2000 904-646-0599

Date

Daytime Phone #

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90201 044 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)