

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 06, 2000 8:00 am**  
**Secretary of State**

06-06-2000 90010 024 \*\*\*\*61.25

**DOCUMENT # 702426**

1. Entity Name

**COUNTRYSIDE BAPTIST CHURCH, INC.**

Principal Place of Business

Mailing Address

10926 N.W. 39TH AVE.  
 GAINESVILLE FL 32606-1925

10926 N.W. 39TH AVE.  
 GAINESVILLE FLA 32606-4925

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1209692**

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**

**KEITH, WILLIAM E**

**5402 NW 143 STREET** 2710 S.W. 170 Street  
**GAINESVILLE FL 32606** Newberry, Florida 32669

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 **PD** ☐ Delete  
 NAME **KEITH, WILLIAM E**  
 STREET ADDRESS **5402 NW 143 STREET**  
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **Keith, William E.**  
 STREET ADDRESS **2710 S.W. 170 Street**  
 CITY-ST-ZIP **Newberry, Fla. 32669**

TITLE **VD** ☐ Delete  
 NAME **KEITH, WILLIAM E. J**  
 STREET ADDRESS **POST OFFICE BOX 206, N/A**  
 CITY-ST-ZIP **OTTER CREEK FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T** ☐ Delete  
 NAME **MARTIN, BILLIE J.**  
 STREET ADDRESS **2928 S.W. 47TH STREET**  
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **BOALS, DONALD**  
 STREET ADDRESS **8600 SW 89TH AVE**  
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **ROBERTSON, ROBBIE**  
 STREET ADDRESS **18203 NW 23RD PLACE**  
 CITY-ST-ZIP **NEWBERRY FL 32669**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S** ☐ Delete  
 NAME **KEITH, TUELAH**  
 STREET ADDRESS **5402 NW 143 STREET**  
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **S** ☒ Change ☐ Addition  
 NAME **Keith, Tuelah**  
 STREET ADDRESS **2710 S.W. 170 Street**  
 CITY-ST-ZIP **Newberry, Fla. 32669**

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:** *William E. Keith*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-2000

352-332-9731

Date

Daytime Phone #

CR2E037 (9/99)