

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702495

1. Entity Name

PALMA CEIA CHRISTIAN CHURCH, INCORPORATED

Principal Place of Business

3516 BAY TO BAY BLVD  
TAMPA FL 33629

Mailing Address

3516 BAY TO BAY BLVD  
TAMPA FL 33629-7045

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

~~JACOB C. UPDEGROVE~~  
~~5323 BLACK PINE DRIVE~~  
~~TAMPA FL 33624~~

7. Name and Address of New Registered Agent

Name Glenn E. Bailey

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

4325 Hubert

City Tampa, FL

Zip Code 33611

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 Glenn E. Bailey  
Signature, typed or printed name of registered agent and title if applicable.

GLENN E. BAILEY

(NOTE: Registered Agent signature required when reinstating)

1/28/00

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 D ☐ Delete  
NAME BOOKER, DAVID  
STREET ADDRESS 4314 OKLAHOMA AVENUE  
CITY-ST-ZIP TAMPA FL

TITLE D ☒ Delete  
NAME ~~UPDEGROVE, JACOB C~~  
STREET ADDRESS ~~5323 BLACK PINE DRIVE~~  
CITY-ST-ZIP ~~TAMPA FL 33624~~

TITLE D ☐ Delete  
NAME RITCH, TIMOTHY  
STREET ADDRESS 6504 WESTSHORE CIRCLE  
CITY-ST-ZIP TAMPA FL

TITLE T ☐ Delete  
NAME DURAN, HENRY  
STREET ADDRESS 2905 W PARIS  
CITY-ST-ZIP TAMPA FL

TITLE ✓ ☐ Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  ☐ Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE D ☐ Change ☒ Addition  
NAME BAILEY, GLENN  
STREET ADDRESS 4325 HUBERT  
CITY-ST-ZIP TAMPA, FL 33611

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

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

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

TITLE  ☐ Change ☐ 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: Glenn E. Bailey REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/00

Date

(813) 839-5772

Daytime Phone #

FILED  
Feb 07, 2000 8:00 am  
Secretary of State

02-07-2000 90033 042 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE