

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

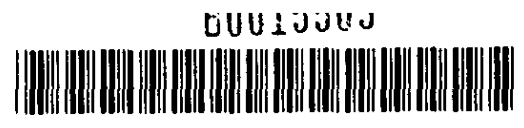
02-07-2000 90033 042 \*\*\*\*61.25

**DOCUMENT # 702495**  
 1. Entity Name  
**PALMA CEIA CHRISTIAN CHURCH, INCORPORATED**

Principal Place of Business      Mailing Address  
**3516 BAY TO BAY BLVD**      **3516 BAY TO BAY BLVD**  
**TAMPA FL 33629**      **TAMPA FL 33629-7045**

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      Applied For  
**59-6196222**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

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*      **GLENN E. BAILEY**      **1/28/00**  
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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BOOKER, DAVID</b>	
STREET ADDRESS	<b>4314 OKLAHOMA AVENUE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<del>UPDEGROVE, JACOB C</del>	
STREET ADDRESS	<del>5323 BLACK PINE DRIVE</del>	
CITY-ST-ZIP	<del>TAMPA FL 33624</del>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RITCH, TIMOTHY</b>	
STREET ADDRESS	<b>6504 WESTSHORE CIRCLE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>DURAN, HENRY</b>	
STREET ADDRESS	<b>2905 W PARIS</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BAILEY, GLENN</b>	
STREET ADDRESS	<b>4325 HUBERT</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33611</b>	
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: *Glenn E. Bailey*      **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**      **1/28/00**      **(813) 839-5772**  
Signature      Date      Daytime Phone #