

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703957

1. Entity Name

FLORIDA BAPTIST SCHOOLS, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90031 013 ****70.00

Principal Place of Business

Mailing Address

506 SOUTH OAKWOOD AVENUE
 P.O. BOX 2758
 BRANDON FL 33509

506 SOUTH OAKWOOD AVENUE
 P.O. BOX 2758
 BRANDON FL 33509-2758

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

23-7202810

Applied For

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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

KIRKLAND, H.R.
712 DEW BLOOM ROAD
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 *X H. R. Kirkland*

DATE *JANUARY 24, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PTR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GURGEL, DAVID G	NAME	
STREET ADDRESS	104 ELAINE DR	STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL	CITY-ST-ZIP	
TITLE	STR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUGH, HAROLD	NAME	
STREET ADDRESS	2032 PARKER ROAD	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, TIM E	NAME	
STREET ADDRESS	1310 NE 2ND ST	STREET ADDRESS	
CITY-ST-ZIP	MULBERRY FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRKLAND, H.R.	NAME	
STREET ADDRESS	712 DEW BLOOM ROAD	STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL 33511	CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOKE, LARRY N	NAME	
STREET ADDRESS	1906 NICHOLS RD	STREET ADDRESS	
CITY-ST-ZIP	LITHIA FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *H. R. Kirkland* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #