

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State
 02-26-2001 90517 047 ****70.00

DOCUMENT # 703957

1. Entity Name

FLORIDA BAPTIST SCHOOLS, INC.

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

2. Principal Place of Business

504 South Oakwood Av.
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2758
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Brandon, FL

Zip
 33511

Country
 Hillsborough

City & State
 Brandon, FL

Zip
 33509

Country
 Hillsborough

4. FEI Number

23-7202810

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KIRKLAND, H.R.
 712 DEW BLOOM ROAD
 BRANDON FL 33511

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTR GURGEL, DAVID G 104 ELAINE DR AUBURNDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STR PUGH, HAROLD 2032 PARKER ROAD LAKE LAND FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR THOMPSON, TIM E 1310 NE 2ND ST MULBERRY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRKLAND, H.R. 712 DEW BLOOM ROAD BRANDON FL 33511	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR COOKE, LARRY N 1906 NICHOLS RD LITHIA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STR Read, Johnny M. 1539 Auburn Oaks Cir. Auburndale, FL 33823	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tr Garner, Albert 621 Orange Valley Cir. Lake land, FL 33813	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tr Lanier, W. Clyde 456 Avenue H Southeast Winter Haven, FL 33880	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

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

H.R. Kirkland 2/14/01 813/684-1389
 Date Daytime Phone #

CR2E037 (10/00)