

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90132 010 \*\*\*\*70.00

**DOCUMENT # 705157**

1. Entity Name

**FIRST BAPTIST CHURCH AT UNION PARK, FLORIDA, INC**

Principal Place of Business

Mailing Address

10301 EAST COLONIAL DRIVE  
 ORLANDO FL 32817-4333  
 US

10301 EAST COLONIAL DRIVE  
 ORLANDO FL 32817-4333  
 US

00010341

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

**59-2101463**

Applied For

Not Applied

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

**PRATT, COLEMAN**  
**3131 T.C.U BLVD.**  
**ORLANDO FL 32817**

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

*Coleman Pratt*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**February 1, 2000**

**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 **DV** ☒ Delete  
 NAME **GEYER, DARRELL**  
 STREET ADDRESS **940 O' BERRY HOOVER RD**  
 CITY-ST-ZIP **ORLANDO FL 32825**

TITLE **DP** ☒ Change ☐  
 NAME **Geyer, Darrell**  
 STREET ADDRESS **940 O/Berry Hoover Rd.**  
 CITY-ST-ZIP **Orlando, FL 32825**

TITLE **DS** ☐ Delete  
 NAME **WATSON, JAMES**  
 STREET ADDRESS **10623 BOLAND DR**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE **DV** ☐ Change ☒  
 NAME **Calhoun, Michael**  
 STREET ADDRESS **502 Valencia Place Circle**  
 CITY-ST-ZIP **Orlando, FL 32825**

TITLE **DP** ☒ Delete  
 NAME **GRIFFIN, RUDY**  
 STREET ADDRESS **10577 JEPSON**  
 CITY-ST-ZIP **ORLANDO FL 32825**

TITLE **DS** ☐ Change ☐  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DT** ☐ Delete  
 NAME **RICKERT, PAUL**  
 STREET ADDRESS **14262 ROYAL TARA DRIVE**  
 CITY-ST-ZIP **ORLANDO FL**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐  
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-1-2000 407-277-7**