

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708878

1. Entity Name

MOUNT TABOR MISSIONARY BAPTIST CHURCH, INC. OF T

Principal Place of Business

1703 TALLAVAST ROAD  
P.O. BOX 229  
TALLAVAST FL 34270

Mailing Address

1703 TALLAVAST ROAD  
P.O. BOX 229  
TALLAVAST FL 34270-0229

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

65-0049709

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARD, CLIFFORD BILLY  
1605 TALLEVAST ROAD  
TALLEVAST FL 33588

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	PRYOR, LOUIS	
STREET ADDRESS	7610 18TH ST. CT. EAST	
CITY-ST-ZIP	TALLEVAST FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEATHERINGTON, HELEN	
STREET ADDRESS	1915 TALLEVAST ROAD	
CITY-ST-ZIP	TALLEVAST FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	THOMAS, SHIRLEY	
STREET ADDRESS	1714 17TH ST. CT. EAST	
CITY-ST-ZIP	TALLEVAST FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEATHERINGTON, CLIFFORD	
STREET ADDRESS	1915 TALLEVAST ROAD	
CITY-ST-ZIP	TALLEVAST FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	WARD, CLIFFORD	
STREET ADDRESS	1605 TALLEVAST ROAD	
CITY-ST-ZIP	TALLEVAST FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARD, RAYMOND	
STREET ADDRESS	7615 16TH ST. CT. EAST	
CITY-ST-ZIP	TALLEVAST FL	

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	
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	
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 817, 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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 16, 2000 8:00 am  
Secretary of State

05-16-2000 90094 025 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)