

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709253

1. Entity Name

SOUTHSHORE BAPTIST CHURCH, INC. OF HILLSBOROUGH COUNTY

Principal Place of Business

8119 E. DR. MARTIN LUTHER KING BLVD.
TAMPA FL 33619

Mailing Address

3801 DANNY BRYAN BLVD
TAMPA FL 33619

2. Principal Place of Business

10817 Dixon Drive
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 978
Suite, Apt. #, etc.

City & State

Riverview, Florida
Zip Country
33569 U.S.

City & State

Riverview, Florida
Zip Country
33568 U.S.

4. FEI Number

80-1111111

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GASTON, RICHARD
3801 DANNY BRYAN BLVD
TAMPA FL 33619

Name

Richard Gaston

Street Address (P.O. Box Number is Not Acceptable)

3719 Gaviota Drive

City

Ruskin

FL

Zip Code

33573

7. Name and Address of New Registered Agent

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 Richard Gaston Pastor

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 SD ☒ Delete
NAME DAIMWOOD, ROBERT
STREET ADDRESS 3904 W. OKLAHOMA AVENUE
CITY-ST-ZIP TAMPA FL 33616

TITLE PD ☐ Delete
NAME RICH, LESLIE
STREET ADDRESS 3801 BEECHWOOD BLVD.
CITY-ST-ZIP TAMPA FL 33619

TITLE VD ☐ Delete
NAME HAGEL, AL
STREET ADDRESS 8523 RENALD BLVD.
CITY-ST-ZIP TAMPA FL 33637

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Secretary ID ☐ Change ☒ Addition
NAME Jack Cook
STREET ADDRESS 3839 Rolling Circle
CITY-ST-ZIP Valrico, FL 33594

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

TITLE ☐ Change ☐ Addition
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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.

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FILED

02 JUL 15 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)