

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90294 029 \*\*\*\*70.00

**DOCUMENT # 709641**

1. Entity Name

**BAYSIDE COMMUNITY CHURCH OF GOD, INC.**

Principal Place of Business

Mailing Address

**3380 STATE ROAD 580  
 SAFETY HARBOR FL 34695**

**3380 STATE ROAD 580  
 SAFETY HARBOR FL 34695-4930**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1781112**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**COLLYER, LAURA W  
 3350 E LAKE SHORE LN  
 CLEARWATER FL 33761**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	<del>SB</del> MOTTER, HARRY	1127 OAKWOOD DR	DUNEDIN FL 34698	<input type="checkbox"/>
	VD HASSELL, BYRON	3362 LAURELWOOD CT.	TARPON SPRINGS FL	<input checked="" type="checkbox"/>
	T COLLYER, LAURA W	3350 E LAKE SHORE LN	CLEARWATER FL 33761	<input type="checkbox"/>
	D NORRIS, DOUG	5515 STAG THICKETT LN	PALM HARBOR FL 34685	<input checked="" type="checkbox"/>
	PD CAMPBELL, BENJAMIN W	2841 GLORIA CT	CLEARWATER FL 33761	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<b>DIRECTOR</b>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>SECRETARY</b> ERNEST NIELING	4 FERRY LN	SAFETY HARBOR, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<del>DIRECTOR</del>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>NO CHANGE</b>				
	<b>DIRECTOR</b> Dennis Cole	2399 Hillcreek Circle E	CLEARWATER, FL 33759	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>DIRECTOR</b> Gordon L. Collyer	3350 E Lake Shore Ln.	CLEARWATER, FL 33761	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>Director</b> Charles Moore	2070 Brampton Rd,	CLEARWATER, FL 33755	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Laura W Collyer, Treasurer*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/200 (727) 785-4800  
 Date Daytime Phone #