

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # 710194

1. Entity Name

FLORIDA CARIBBEAN BAPTIST CONFERENCE, INC.

Principal Place of Business

2320 SLEEPY HILL RD
LAKELAND FL 33810
US

Mailing Address

P O BOX 91865
LAKELAND FL 33804-1865
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ABRAHAMSON, RICHARD R
118 ASHBOROUGH CT.
LAKELAND FL 33801

4. FEI Number

59-1459720

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

Richard Abrahamson

2/16/00

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	DELETE
BO	ABRAHAMSON, RICHARD R	118 ASHBOROUGH CT.	LAKELAND FL 33801	<input checked="" type="checkbox"/>
BO	MILICAN, WILLIAM	704 LOBELIA ST	BRANDON FL	<input checked="" type="checkbox"/>
BO	AMOS, EUGENE	7500 ALHAMBRA BLVD.	MIRAMAR FL	<input checked="" type="checkbox"/>
BO	FULKS, CHUCK	5823 26TH STREET W	BRADENTON FL	<input checked="" type="checkbox"/>
BO	WILLIAMSON, DARRYL	6104 WEBB RD., APT. 1704	TAMPA FL	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PRESIDENT	ABRAHAMSON, RICHARD R	118 ASHBOROUGH CT	LAKELAND, FL 33801	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V.P. - D	DENNIE, KEVIN	7305 TWELVE OAKS BLVD	TAMPA, FL 33624	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SECRETARY - D	STATHAKIS, BOB	2202 HOLHAM PLACE	SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/>	<input 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)(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:

Richard Abrahamson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-00

Date

813-667-2647

Daytime Phone #

CFE037 (9/99)