## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Mar 07, 2002 8:00 am **DOCUMENT # 711729 Secretary of State** 03-07-2002 90055 020 \*\*\*\*61.25 SUNSET POINT BAPTIST CHURCH OF CLEARWATER, FLORI Principal Place of Business Mailing Address 1390 SUNSET POINT ROAD 1390 SUNSET POINT ROAD CLEARWATER FL: 33755 CLEARWATER FL 33755 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-1198847 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CROSS, GLENN **60) HERCULES AVE** #1607 Zip Code City **CLEARWATER FL 33765** Fl 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 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Delete Addition TITLE TITLE steve Jefferies 30/2 Clubhouse Dr. W. RUCKER, DEAN NAME NAME STREET ADDRESS 1915 MARLIN DRIVE STREET ADDRESS Ckarwater FL 33761 CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33770 TH Addition Delete TITLE TITI F ☐ Change Richard Thompson 1465 Coastal Pl. **NOWELL. LEWIS** NAME STREET ADDRESS 1010 PALM TERRACE DRIVE STREET ADDRESS Dunedin FL 34698 CITY ST-ZIP CITY-ST-ZIP-CLEARWATER FL 33755 TITLE Change ☐ Addition TITLE ☐ Delete NAME BEARDSLEE, GORDON NAME STREET ADDRESS STREET ADDRESS 1678 ARBOR DRIVE CITY-ST-ZIP CLEARWATER FL 33756 CITY-ST-ZIP **✓** Delete ☐ Change Addition Seff Hatch TITLE CRAWFORD, LYNDA NAME 642 Algonquin Dr. STREET ADDRESS 3053 CASCADE DRIVE STREET ADDRESS karwater FL 33755 CITY-ST-ZIP CLEARWATER FL 33761 CITY-ST-ZIP Addition Delete TITLE TITLE Glenn Cross 601 Hercules Ave. Apt. 1607 FLOYD, JACKSON C NAME NAME STREET ADDRESS 1950 CARLOS AVE STREET ADDRESS learwater FL CITY-ST-ZIP CITY-ST-ZIP CLEARWATER, FL 00000 33755 Delete ☐ Change Addition TITLE TITLE HOLMES, MRS. MARGIE NAME NAME STREET ADDRESS 1613 ELIZABETH LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP learwafer, FL 33755 CLEARWATER, FL 00000 33755 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

**FILED** 

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Destrict Phone #

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

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