

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 09, 2001 08:00 AM**
Secretary of State**DOCUMENT # 716797****1. Entity Name**
MONTE VISTA BAPTIST CHURCH, INC.**Principal Place of Business**
11043 CEMETERY RD
CLERMONT FL 34711 US**Mailing Address**
11043 CEMETERY RD
CLERMONT FL 347118604 US**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
59-2871273
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****STORY RANDALL A**
1007 CHESTNUT ST
CLERMONT FL 34711 US**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** **04/09/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**
FEE IS \$61.25**9. Election Campaign Financing** ☐ **\$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	TR	BRANNON THAD	9954 SPRING LAKE DR.	CLERMONT FL 34711	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	T	SPENCE LOYD	10939 CRESCENT LAKE CT	CLERMONT FL 34711	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	S	STORY LORI	1007 CHESTNUT ST.	CLERMONT FL 34711	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	T	PAGAN KEVIN	9819 HASSON RIDGE RD	CLERMONT FL 34711	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	V	BAUER HEATH	203 ROYAL DRIVE	OCOE FL 34761	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	PD	TAYLOR SCOTT	8021 LAKE NELLIE ROAD	CLERMONT FL	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	D	HOOD TONY <td>12838 ERYN BLVD.</td> <td>CLERMONT FL 34711</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td>	12838 ERYN BLVD.	CLERMONT FL 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td>CD</td> <td>PAGAN KEVIN</td> <td>9819 HASSON RIDGE RD.</td> <td>CLERMONT FL 34711</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td>	NAME	STREET ADDRESS	CITY-ST-ZIP	CD	PAGAN KEVIN	9819 HASSON RIDGE RD.	CLERMONT FL 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td>S</td> <td>PAGAN SANDY</td> <td>9819 HASSON RIDGE RD.</td> <td>CLERMONT FL 34711</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td>	NAME	STREET ADDRESS	CITY-ST-ZIP	S	PAGAN SANDY	9819 HASSON RIDGE RD.	CLERMONT FL 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td>T</td> <td>STORY RANDALL A</td> <td>1007 CHESTNUT ST.</td> <td>CLERMONT FL 34711</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td>	NAME	STREET ADDRESS	CITY-ST-ZIP	T	STORY RANDALL A	1007 CHESTNUT ST.	CLERMONT FL 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td>V</td> <td>DORTCH DURWOOD</td> <td>1465 ANDERSON ST.</td> <td>CLERMONT FL 34711</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td>	NAME	STREET ADDRESS	CITY-ST-ZIP	V	DORTCH DURWOOD	1465 ANDERSON ST.	CLERMONT FL 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td>P</td> <td>TAYLOR MICHAEL S</td> <td>8021 LAKE NELLIE ROAD</td> <td>CLERMONT FL 34711</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td>	NAME	STREET ADDRESS	CITY-ST-ZIP	P	TAYLOR MICHAEL S	8021 LAKE NELLIE ROAD	CLERMONT FL 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: RANDALL A. STORY** **T** **04/09/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)

MATT GREGORY, DIRECTOR
13826 OLD HWY. 50

CLERMONT, FL 34711

LOYD SPENCE, DIRECTOR
10939 CRESCENT LAKE CT.

CLERMONT, FL 34711