

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718333

1. Entity Name

SPURGEON BAPTIST BIBLE COLLEGE, INC.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90183 016 \*\*\*\*61.25

Principal Place of Business 4440 SPURGEON DRIVE MULBERRY FL 33860-9531 US	Mailing Address 4440 SPURGEON DRIVE MULBERRY FL 33860-8483 US
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DO NOT WRITE IN THIS SPACE

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 <b>59-1359846</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

CONBOY, TIM  
 2609 SHADYWOOD PL  
 LAKELAND FL 33810

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	<input type="checkbox"/> Delete	TITLE MORTER, TED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORTER, TED		NAME MORTER, TED	
STREET ADDRESS 4360 SPURGEON DR		STREET ADDRESS 4360 SPURGEON DR	
CITY-ST-ZIP MULBERRY FL 33860		CITY-ST-ZIP MULBERRY FL 33860	
TITLE CD	<input type="checkbox"/> Delete	TITLE CONBOY, TIM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CONBOY, TIM		NAME CONBOY, TIM	
STREET ADDRESS 2609 SHADYWOOD PL		STREET ADDRESS 2609 SHADYWOOD PL	
CITY-ST-ZIP LAKELAND FL 33810		CITY-ST-ZIP LAKELAND FL 33810	
TITLE VCD	<input type="checkbox"/> Delete	TITLE CUTHBERTSON, GORDON	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CUTHBERTSON, GORDON		NAME CUTHBERTSON, GORDON	
STREET ADDRESS 3815 BENT TREE LOOP WEST		STREET ADDRESS 3815 BENT TREE LOOP WEST	
CITY-ST-ZIP LAKELAND FL 33803		CITY-ST-ZIP LAKELAND FL 33803	
TITLE T	<input type="checkbox"/> Delete	TITLE SPURLOCK, GEORGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SPURLOCK, GEORGE		NAME SPURLOCK, GEORGE	
STREET ADDRESS 1160 RUSTIC ESTATES DR		STREET ADDRESS 1160 RUSTIC ESTATES DR	
CITY-ST-ZIP LAKELAND FL		CITY-ST-ZIP LAKELAND FL	
TITLE SEC	<input type="checkbox"/> Delete	TITLE AYLETT, BRUCE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AYLETT, BRUCE		NAME AYLETT, BRUCE	
STREET ADDRESS 5715 YATES RD		STREET ADDRESS 5715 YATES RD	
CITY-ST-ZIP LAKELAND FL 33811		CITY-ST-ZIP LAKELAND FL 33811	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Tim Morter President 2-22-00 425-3429 (863)  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)