

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718333

1. Entity Name

SPURGEON BAPTIST BIBLE COLLEGE, INC.

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90013 007 ****61.25

0082644

Principal Place of Business

4440 SPURGEON DRIVE
MULBERRY FL 33860-9531
US

Mailing Address

4440 SPURGEON DRIVE
MULBERRY FL 33860-9531
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1359846

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 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 BRUCE AYLETT

Street Address (P.O. Box Number is Not Acceptable)

173 STEEPLE CHASE RD

City

SANFORD

FL

Zip Code

32771

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

BRUCE AYLETT

CHAIRMAN OF BOARD OF DIRECTORS

2-12-02

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 ☐ Delete
NAME P
STREET ADDRESS MORTER, TED
CITY-ST-ZIP 4360 SPURGEON DR
MULBERRY FL 33860

TITLE ☐ Delete
NAME CD
STREET ADDRESS AYLETT, BRUCE
CITY-ST-ZIP 173 STEEPLE CHASE RD
SANFORD FL 32771

TITLE ☐ Delete
NAME VCD
STREET ADDRESS CUTHBERTSON, GORDON
CITY-ST-ZIP 3815 BENT TREE LOOP WEST
LAKELAND FL 33803

TITLE ☐ Delete
NAME T
STREET ADDRESS STEPHENS, MARVIN
CITY-ST-ZIP 1907 BAMBI CT
SEBRING FL 33872

TITLE ☐ Delete
NAME SEC
STREET ADDRESS EDGAR, JANET
CITY-ST-ZIP 2220 N COUNTY LOOP
LAKELAND FL 33811

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(l), 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: X

BRUCE AYLETT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/02

Date

863-425-3429

Daytime Phone #

CR2E037 (9/01)