

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90225 024 \*\*\*\*70.00

**DOCUMENT # 723768**

1. Entity Name

**BRIARCLIFF BAPTIST CHURCH, INC.**

Principal Place of Business

6082 BRIARCLIFF RD.  
 FT. MYERS FL 33912

Mailing Address

6082 BRIARCLIFF RD.  
 FT. MYERS FL 33912-4201

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

**59-2136473**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ANDERSON, LEONARD WM.**  
**6082 BRIARCLIFF RD.**  
**FT. MYERS FL 33912**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW:**  
**SEE 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARTIN, GREG</b>	
STREET ADDRESS	<b>17584 CAPTIVA BLVD</b>	
CITY-ST-ZIP	<b>FT MYERS FL 33912</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BURTON, ROBERT</b>	
STREET ADDRESS	<b>17465 HOMEWOOD RD</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TINER, MARK</b>	
STREET ADDRESS	<b>18051 CREEK DRIVE</b>	
CITY-ST-ZIP	<b>FT MYERS FL 33908</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>ANDERSON, LEONARD W.</b>	
STREET ADDRESS	<b>15748 ANDERSON LN.</b>	
CITY-ST-ZIP	<b>FT.MYERS FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KENDRICK, ROBERT</b>	
STREET ADDRESS	<b>18765 MANTANZAS RD SE,</b>	
CITY-ST-ZIP	<b>FT MYERS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KELLEY, ARTHUR</b>	
STREET ADDRESS	<b>6940 HENDRY CREEK DRIVE</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33908</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Biagi, Ernie</b>	
STREET ADDRESS	<b>31 Verlo Ct., Ft. Myers, FL 33912</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Gleisle, Jim</b>	
STREET ADDRESS	<b>6281 Key Biscayne, Ft. Myers, FL</b>	
CITY-ST-ZIP	<b>33908</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #