

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727758

1. Entity Name

OPEN BIBLE BAPTIST CHURCH OF ORANGE CITY, FLORID

Principal Place of Business

Mailing Address

2801 GRAYSON ST  
ORANGE CITY FL 32763  
US

2801 GRAYSON ST  
ORANGE CITY FL 32763-2309  
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

59-2071860

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

GUTBERLET, EARL D  
2801 GRAYSON ST  
ORANGE CITY FL 32763

Name Alan Palelis

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

2801 Grayson ST

City Orange City

FL

Zip Code 32763

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:  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME PALEIS, ALAN  
STREET ADDRESS 685 BISHOP AVE.  
CITY-ST-ZIP ORANGE CITY FL

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

TITLE D ☒ Delete  
NAME GUTBERLET, EARL  
STREET ADDRESS 2801 GRAYSON ST  
CITY-ST-ZIP ORANGE CITY FL

TITLE D ☒ Change ☐ Addition  
NAME BRYANT, MEL  
STREET ADDRESS 1600 A ALLIANCE CT.  
CITY-ST-ZIP DELAND, FLA. 32720

TITLE D ☐ Delete  
NAME BETLEJEWski, FRANK  
STREET ADDRESS 377 KINGSLAKE DR  
CITY-ST-ZIP DEBARY FL 32713

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY-ST-ZIP

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)(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:

*Alan Palelis* SIGNED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 07, 2000 8:00 am  
Secretary of State

02-07-2000 90044 003 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

1-20-99

904-775-4320