

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90055 022 \*\*\*\*61.25

**DOCUMENT # 729928**

1. Entity Name

**BETHESDA BAPTIST CHURCH OF LAND O'LAKES, INC.**

Principal Place of Business

**1447 OSCEOLA HOLLOW RAD  
 ODESSA FL 33556**

Mailing Address

**1447 OSCEOLA HOLLOW RAD  
 ODESSA FL 33556**

2. Principal Place of Business

**524 RIVERSIDE DRIVE**

Suite, Apt. #, etc.

3. Mailing Address

**524 RIVERSIDE DRIVE**

Suite, Apt. #, etc.

City & State

**TARPON SPRINGS, FL.**

City & State

**TARPON SPRINGS, FL.**

Zip

**34689**

Country

**FLORIDA**

Zip

**34689**

Country

**FLORIDA**

4. FEI Number

**59-2397719**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BOONE, (JAMES H.)  
 1447 OSCEOLA HOLLOW RD  
 ODESSA FL 33556**

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 **JAMES H. BOONE**

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

(NOTE: Registered Agent signature required when reinstating)

**02-02-01**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WEEKS, JODY</b> <b>3493 CARROLTON PLACE</b> <b>ODESSA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CANNELLA, T B</b> <b>3809 HOLLOW OAK PL</b> <b>LAND LAKES FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COUGHLIN, MICHAEL</b> <b>516 DIANE DR</b> <b>SPRINGHILL FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BOONE, JAMES H</b> <b>1447 OSCEOLA HOLLOW RD</b> <b>ODESSA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHIRLEY, DAVID</b> <b>4341 BADEN DR</b> <b>HOLIDAY FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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)(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: **JAMES H. BOONE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02-02-01**

Date

**727-817-1827**

Daytime Phone #

CR2E037 (10/00)