

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90050 016 ****61.25

DOCUMENT # 730551

1. Entity Name

THE FIRST BAPTIST CHURCH OF WEIRSDALE, FLORIDA,

Principal Place of Business

Mailing Address

13725 SE 164 ST
BOX 606
WEIRSDALE FL 32195

13725 SE 164 ST
BOX 606
WEIRSDALE FL 32195-0606



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
59-1575841

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

Name

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

City

FL

Zip Code

BAXLEY, WILLIAM L
16545 SE 130TH AVE
WEIRSDALE FL 32195

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:
FEES 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	DC	<input type="checkbox"/> Delete
NAME	BAXLEY, WILLIAM L	
STREET ADDRESS	16545 SE 130TH AVE	
CITY-ST-ZIP	WEIRSDALE FL 32195	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIELLING, J.D.	
STREET ADDRESS	14455 SE 155TH ST	
CITY-ST-ZIP	WEIRSDALE FL 32195	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SEIFERT, PAUL H	
STREET ADDRESS	12501 SE HWY 42, BOX 1095	
CITY-ST-ZIP	WEIRSDALE FL 32195	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRADLEY, MARY LEE	
STREET ADDRESS	13485 SE 162ND PLACE	
CITY-ST-ZIP	WEIRSDALE FL 32195	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 #

Paul H. Seifert
Paul H. Seifert

1-17-00

352-821-1363

CP2E037 (9/99)