

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90040 026 \*\*\*\*70.00

**DOCUMENT # 731230**

1. Entity Name

**SOUTHEASTERN U.S. REGION OF OPEN BIBLE STANDARD CHURCHES, INC.**

Principal Place of Business

Mailing Address

2100 4TH ST  
 ST. PETERSBURG FL 33704  
 US

2100 - 4TH ST  
 ST. PETERSBURG FL 33704  
 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

**59-2917347**

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

~~PIPER, KENNETH C.~~

*Deceased*

2100 4TH ST N  
 ST. PETERSBURG FL 33704

Name **JAMES M. BEARD**

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

**2100 4TH ST N**

City **St. Petersburg**

**FL**

Zip Code **33704**

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 M. Beard*

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

(NOTE: Registered Agent signature required when reinstating)

**4-24-02**

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 **PD**  Delete  
 NAME **PIPER, KENNETH C.**  
 STREET ADDRESS **2100 4TH ST. N.**  
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **Pres & Director**  Change  Addition  
 NAME **JAMES M. BEARD**  
 STREET ADDRESS **2100 4TH ST. N.**  
 CITY-ST-ZIP **St. Petersburg FL**

TITLE **VD**  Delete  
 NAME **KING, JACK**  
 STREET ADDRESS **526 EAST 8TH AVE**  
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **STD**  Delete  
 NAME **GAMBLE, GRACE HOLCOMB**  
 STREET ADDRESS **14101 BARSDALE LANE**  
 CITY-ST-ZIP **TAMPA FL**

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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 M. Beard*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-24-02 (721) 821-7274**

Date

Daytime Phone #

CR2E037 (9/01)