# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731464

1. Entity Name

RIVERVIEW HEIGHTS MISSIONARY BAPTIST CHURCH, INC

**FILED**
**Aug 02, 2000 8:00 am**
**Secretary of State**
08-02-2000 90156 004 ****61.25

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 1301 E. MAIN ST.<br>P. O. BOX 581<br>WAUCHULA FL 33873<br>US | HIGHWAY 64 A EAST<br>P. O. BOX 581<br>WAUCHULA FL 33873 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1321 E. Main St. | |
| Suite, Apt. #, etc.<br>P.O. Box 581 | Suite, Apt. #, etc. |
| City & State<br>Wauchula, Fla | City & State |
| Zip<br>33873 / Country | Zip / Country |

4. FEI Number 59-1794514 ☐ 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 |
|---|---|
| BRADDOCK (THOMAS C.)<br>HIGHWAY 64<br>WAUCHULA FL 33873 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS $61.25**
**After September 13, 2000 min. will be $236.25**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>BRADDOCK THOMAS C<br>HWY 64 WEST<br>WAUCHULA FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>BRADDOCK, JAMES A<br>312 PARK DRIVE<br>WAUCHULA FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>SUTTON, PAUL D.<br>314 PARK DRIVE<br>WAUCHULA FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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CR2E037 (5/00)

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:** Thomas A Braddock THOMAS A BRADDOCK 7/25/2000 863 773-3344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #