

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740238

1. Entity Name

BALLAST POINT BAPTIST CHURCH, TAMPA, FLORIDA, IN

Principal Place of Business

5101 BAYSHORE BOULEVARD
TAMPA FL 33611-3825

Mailing Address

5101 BAYSHORE BOULEVARD
TAMPA FL 33611-3825

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

59-0704725

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOSEPH, DAVID T
4851 W. GANDY
#31
TAMPA FL 33611

7. Name and Address of New Registered Agent

Name DAVID J. Shives

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

2811 Pearl Avenue

City Tampa,

FL

Zip Code

33611

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]

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

(NOTE: Registered Agent signature required when reinstating)

MAR 5, 2001

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 ☐ Delete
NAME D
STREET ADDRESS ROBERTSON, G.A.
CITY-ST-ZIP 4611 PIRCE AVE.
TAMPA FL 33611

TITLE ☒ Delete
NAME ~~BISHOP, ROBERT~~
STREET ADDRESS ~~3823 TACON ST.~~
CITY-ST-ZIP ~~TAMPA FL 33629~~

TITLE ☐ Delete
NAME D
STREET ADDRESS JOSEPH, DAVID T
CITY-ST-ZIP 4851 W. GANDY BLVD., #31
TAMPA FL 33611

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS Shives, David
CITY-ST-ZIP 2811 Pearl
Tampa, FL 33611

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

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

TITLE ☐ Change ☐ Addition
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

MAR 5, 2001

Daytime Phone #

CR2E037 (10/00)

0059171

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90608 019 *****61.25



DO NOT WRITE IN THIS SPACE