

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 744391**

1. Entity Name

FIRST BAPTIST CHURCH OF RIVERVIEW, FLORIDA, INC.

Principal Place of Business

**8626 HIGHWAY 301 SOUTH
RIVERVIEW FL 33569**

Mailing Address

**8626 HIGHWAY 301 SOUTH
RIVERVIEW FL 33569**

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

59-1554609

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

**TONELLI, MICHAEL A.
201 E. KENNEDY BLVD
SUITE 901
TAMPA FL 33672-0118**

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

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

(NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete
NAME **VD**
STREET ADDRESS **REWIS, ROBBIE**
CITY-ST-ZIP **10504 CONE GROVE RD
RIVERVIEW, FL 00000**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **TD**
STREET ADDRESS **LITTLE, WILLIAM P**
CITY-ST-ZIP **11120 DESOTO RD
RIVERVIEW, FL 00000**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **SD**
STREET ADDRESS **GAY, WILLIAM G**
CITY-ST-ZIP **9811 PINE RIDGE AVE
RIVERVIEW, FL 00000**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **PD**
STREET ADDRESS **COX, JACOB S**
CITY-ST-ZIP **9925 VAUGHN ST
GIBSONTON FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

WILLIAM P. LITTLE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90015 044 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)