

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751074

1. Entity Name

TROPICAL ACRES BAPTIST CHURCH, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 91442 001 ***122.50

Principal Place of Business

12107 RHODINE RD.
RIVERVIEW FL 33569
US

Mailing Address

12107 RHODINE RD.
RIVERVIEW FL 33569-6727
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

59-1957596

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEST, EARL F
11704 BALM RIVERVIEW ROAD
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent

Name Earl F West
Street Address (P.O. Box Number is Not Acceptable)
P.O. Box 2353

City Gibson Ton FL Zip Code 33534

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 Earl F West EARL F. WEST

4-26-00

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

TITLE P ☐ Delete
NAME WEST, EARL F.
STREET ADDRESS 11704 BALM RIVERVIEW RD
CITY-ST-ZIP RIVERVIEW FL

TITLE DT ☐ Delete
NAME MCKEE, MAE
STREET ADDRESS 12112 WOODSIDE DR.
CITY-ST-ZIP RIVERVIEW FL

TITLE D ☐ Delete
NAME SAXE, CHARLES R
STREET ADDRESS 132 VALLEY CIRCLE
CITY-ST-ZIP BRANDON FL 33510

TITLE CD ☐ Delete
NAME SAXE, THOMAS C
STREET ADDRESS 12107 RHODINE RD
CITY-ST-ZIP RIVERVIEW FL

TITLE V ☐ Delete
NAME DIEHM, GEORGE
STREET ADDRESS 12427 ELNORA
CITY-ST-ZIP RIVERVIEW FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS P.O. BOX 2353
CITY-ST-ZIP GIBSON TON, FL 33534

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

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

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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

EARL F. WEST 813-671-0233

Date

Daytime Phone #

CR2E037 (9/99)