

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90101 027 \*\*\*\*61.25

**DOCUMENT # 752975**

1. Entity Name

**BETHEL BAPTIST CHURCH, INDEPENDENT, OF RIVERVIEW**

Principal Place of Business

Mailing Address

12846 BALM RIVERVIEW RD  
 RIVERVIEW FL 33569

12846 BALM RIVERVIEW RD  
 RIVERVIEW FL 33569

2. Principal Place of Business

3. Mailing Address

*12846 Balm Riverview - SAME*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*Riverview FL*

*SAME*

4. FEI Number

**59-2019704**

Applied For

Not Applicable

Zip

Country

Zip

Country

*33569*

*Hilbro.*

*11*

*Hilbro*

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

~~Seaglione~~  
~~SCHOLIONE, JOHN~~  
 12846 BALM RIVERVIEW RD  
 RIVERVIEW FL 33569

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          | PD                  | <input type="checkbox"/> Delete            |
| NAME           | SHULAR, FREDDIE JOE |  |
| STREET ADDRESS | 114 PHILLIPS DRIVE  |  |
| CITY-ST-ZIP    | SEFFNER FL          |  |
| TITLE          | <del>D</del>        | <input checked="" type="checkbox"/> Delete |
| NAME           | BUTCHER, JAMES      |  |
| STREET ADDRESS | 12210 ELMORA DR     |  |
| CITY-ST-ZIP    | RIVERVIEW FL        |  |
| TITLE          | VD                  | <input type="checkbox"/> Delete            |
| NAME           | BAKER, LAVAUGHN     |  |
| STREET ADDRESS | P.O. BOX 95 N/A     |  |
| CITY-ST-ZIP    | GIBSONTON FL        |  |
| TITLE          |                     | <input type="checkbox"/> Delete            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> Delete            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> Delete            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |

|                |  |  |
|----------------|--|--|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |
| TITLE          |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Fred Neustadter*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-17-01 813 685-2759*  
 Date Daytime Phone #

CR2E037 (10/00)