

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753231

1. Entity Name

CASSIA BAPTIST CHURCH, INC.

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90036 031 \*\*\*\*61.25

Principal Place of Business

Mailing Address

36944 CASSIA CHURCH ROAD  
EUSTIS FL 32736

36944 CASSIA CHURCH ROAD  
EUSTIS FL 32736-8651

2. Principal Place of Business

3. Mailing Address

4. Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2284938

Applied For

Not Applicable

Zip

Country

Zip

Country

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

COLBERT, WILLIAM L., ESQ.  
200 WEST FIRST ST.  
SANFORD FL 32771

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

T ☒ Delete  
NAME HARRIS, STEPHEN  
STREET ADDRESS 31427 WESTWARD HO. AVENUE  
CITY-ST-ZIP SORRENTO FL 32774

T ☒ Change ☐ Addition  
NAME Beery, Vivian  
STREET ADDRESS 40829 Florida Ave  
CITY-ST-ZIP Eustis, FL 32736

T ☐ Delete  
NAME EMORY, BETTY  
STREET ADDRESS P.O. BOX 1164 N/A  
CITY-ST-ZIP EUSTIS FL 32727

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

T ☐ Delete  
NAME MILLER, VICKIE L  
STREET ADDRESS 25516 COUNTRY RD 44A  
CITY-ST-ZIP EUSTIS FL 32736

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

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
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CITY-ST-ZIP

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☐ 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: *Vickie L Miller* **RECEIVED** *Vickie L Miller Treasurer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/2000 352-483-0649

CR2E037 (9/99)