

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753808

1. Entity Name

MCGREGOR BAPTIST CHURCH, INC.

Principal Place of Business

3750 COLONIAL BLVD SE
FT MYERS FL 33912

Mailing Address

3750 COLONIAL BLVD SE
FT MYERS FL 33912

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

59-2115730

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

POWELL, RICHARD A
3750 COLONIAL BLVD
FT MYERS FL 33912

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 VPTR ☒ Delete
NAME SCHWARTZ, PHILIP
STREET ADDRESS 6533 IDLEWILD ST.
CITY-ST-ZIP FT. MYERS FL

TITLE CT ☐ Change ☒ Addition
NAME Bischoff, Glenn
STREET ADDRESS 866 N. Entrada Drive
CITY-ST-ZIP Fort Myers, FL. 33919-3212

TITLE TT ☐ Delete
NAME DEVANE, MIKE
STREET ADDRESS 11882 GRAND ISLES LANE
CITY-ST-ZIP FORT MYERS FL 33913

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

TITLE ST ☒ Delete
NAME SABEAN, BRIAN
STREET ADDRESS 8525 DARTMOUTH ST
CITY-ST-ZIP FT MYERS FL 33907

TITLE ST ☐ Change ☒ Addition
NAME Graham, Barry
STREET ADDRESS 6443 Ben Hogan Circle
CITY-ST-ZIP North Fort Myers, FL. 33917-3291

TITLE PCTR ☒ Delete
NAME MAYER, CRAIG A DR
STREET ADDRESS 5695 GRILLET PLACE
CITY-ST-ZIP FORT MYERS FL 33919

TITLE VT ☐ Change ☒ Addition
NAME Jolliff Sr, Travis
STREET ADDRESS 9148 Caloosa Road
CITY-ST-ZIP Fort Myers, FL. 33912-5205

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

Barry Graham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barry Graham

01/09/2001

(941)936-4880

Date Daytime Phone #

CR2E037 (10/00)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90030 040 ****61.25



DO NOT WRITE IN THIS SPACE