

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2000 8:00 am**  
**Secretary of State**

01-22-2000 90034 045 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 755115**

1. Entity Name  
**PARKER ROAD BAPTIST CHURCH, INC.**

Principal Place of Business      Mailing Address  
**3200 SW 122ND STREET**      **3200 SW 122ND STREET**  
**GAINESVILLE FL 32607**      **GAINESVILLE FL 32607-1018**

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      Applied For  
**59-1883950**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**REYNOLDS, BOB**  
**12128 SW 5TH AVE**  
**GAINESVILLE FL 32607**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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          | PT                                 | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>GAY, GENE</b>                   |  |
| STREET ADDRESS | <b>16033 SW 15TH AVE</b>           |  |
| CITY-ST-ZIP    | <b>NEWBERRY FL 32669</b>           |  |
| TITLE          | ST                                 | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>HIPSLEY, DENNIS</b>             |  |
| STREET ADDRESS | <b>2601 NW 23RD BLVD., APT 202</b> |  |
| CITY-ST-ZIP    | <b>GAINESVILLE FL 32605</b>        |  |
| TITLE          | T                                  | <input type="checkbox"/> Delete            |
| NAME           | <b>ALDERMAN, DAN</b>               |  |
| STREET ADDRESS | <b>1423 NW 110TH TERR</b>          |  |
| CITY-ST-ZIP    | <b>GAINESVILLE FL 32606</b>        |  |
| TITLE          | T                                  | <input type="checkbox"/> Delete            |
| NAME           | <b>REEVES, LAURA</b>               |  |
| STREET ADDRESS | <b>3434 NW 54TH LN</b>             |  |
| CITY-ST-ZIP    | <b>GAINESVILLE FL 32653</b>        |  |
| TITLE          | T                                  | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>PARKER, JUANITA</b>             |  |
| STREET ADDRESS | <b>3010 SW 122ND ST.</b>           |  |
| CITY-ST-ZIP    | <b>GAINESVILLE FL 32607</b>        |  |
| TITLE          | T                                  | <input type="checkbox"/> Delete            |
| NAME           | <b>COLEMAN, EVELYN</b>             |  |
| STREET ADDRESS | <b>425 NW 25TH ST.</b>             |  |
| CITY-ST-ZIP    | <b>GAINESVILLE FL 32605</b>        |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                |  |
|----------------|--------------------------------|--|
| TITLE          |                                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Walker, Ben</b>             |  |
| STREET ADDRESS | <b>6851 NE 135th Terr.</b>     |  |
| CITY-ST-ZIP    | <b>Williston, Fla. 32696</b>   |  |
| TITLE          |                                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Oliver, Bill</b>            |  |
| STREET ADDRESS | <b>9917 SW 77th Ct.</b>        |  |
| CITY-ST-ZIP    | <b>Gainesville, Fla. 32608</b> |  |
| 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: **Dennis Reeves**      1/18/2000      \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)