

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90009 022 \*\*\*\*61.25

**DOCUMENT # 766231**

1. Entity Name

**BAPTIST FELLOWSHIP BIBLE COLLEGE OF TAMPA, INC.**

Principal Place of Business

% REVEREND GEORGE SADLER, JR.  
 505 EAST PALM AVE.  
 TAMPA FL 33602

Mailing Address

% REVEREND GEORGE SADLER, JR.  
 505 EAST PALM AVE.  
 TAMPA FL 33602

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2347915**

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

**SADLER, GEORGE JR., REV**  
**505 EAST PALM AVE.**  
**TAMPA FL 33602**

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**  
**After September 12, 2001, min. will be \$236.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>BATCHELOR, C R</b> <b>2013 TIDEWATER CRT</b> <b>TAMPA FL 33619</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>JOHNSON, BEN</b> <b>6602 NORTH 24TH STREET</b> <b>TAMPA FL 33610</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>MURRAY, MADISON</b> <b>3507 N 35TH ST.</b> <b>TAMPA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>JOHNSON, OSCAR JR</b> <b>2619 38TH AVE</b> <b>TAMPA FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SAUNDERS, JASPER P.</b> <b>1710 ST. CONRAD</b> <b>TAMPA FL 33607</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>LOWRY, A. LEON</b> <b>2602 ARCH STREET</b> <b>TAMPA, FLORIDA 33606</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>JENKINS, T. W.</b> <b>815 BLUEGRASS LANE</b> <b>BRANDON, FLORIDA 33510</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>GILES, JOHN L.</b> <b>BOYSENBERRY DRIVE</b> <b>TAMPA, FLORIDA 33635</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>BANKS, BARTHOLOMEW</b> <b>9609 WOODLAND RIDGE DRIVE</b> <b>TAMPA, FLORIDA 33617</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *George W. Sadler, Jr.* **GEORGE W. SADLER, JR. (813) 223-4844 7/24/01**

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CR2E037 (5/01)