

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766231

1. Entity Name

BAPTIST FELLOWSHIP BIBLE COLLEGE OF TAMPA, INC.

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90066 001 *****61.25

0039624

Principal Place of Business

Mailing Address

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

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

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

59-2347915

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

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 C
NAME LOWRY, A. LEON ☐ Delete
STREET ADDRESS 2602 ARCH STREET
CITY-ST-ZIP TAMPA FL 33606

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

TITLE T
NAME JENKINS, T. W. ☐ Delete
STREET ADDRESS 815 BLUEGRASS LANE
CITY-ST-ZIP BRANDON FL 33510

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

TITLE TD
NAME MURRAY, MADISON ☐ Delete
STREET ADDRESS 3507 N 35TH ST.
CITY-ST-ZIP TAMPA FL

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

TITLE CD
NAME BANKS, BARTHOLOMEW ☐ Delete
STREET ADDRESS 9609 WOODLAND RIDGE DRIVE
CITY-ST-ZIP TAMPA FL 33617

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

TITLE TD
NAME GILES, JOHN L ☐ Delete
STREET ADDRESS BOYSENBERRY DRIVE
CITY-ST-ZIP TAMPA FL 33635

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

Signature of George W. Sadler, Jr.
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

2-25-02 (93) 922-7530

CR2E037 (9/01)