

2001 UNIFORM BUSINESS REPORT (UBR)

5

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

05-25-2001 90288 036 ****61.25

DOCUMENT # N00000001025

1. Entity Name

BAY HILL BAPTIST CHURCH, INC.

Principal Place of Business

**4744 S APOPKA-VINELAND RD
 ORLANDO FL 32819**

Mailing Address

**4744 S APOPKA-VINELAND RD
 ORLANDO FL 32819**

2. Principal Place of Business

9150 S. APOPKA-VINELAND RD.

3. Mailing Address

P.O. Box 861

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FL.

City & State

WINDERMERE, FL.

4. FEI Number

59-3609132

Applied For

Not Applicable

Zip

32836

Country

US

Zip

34786

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LAWRENCE, MARY ROBERTA
 4744 S APOPKA-VINELAND RD
 ORLANDO FL 32819**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
264 WESCLIFF DRIVE

City

OCFEE, FL.

FL

Zip Code
34761

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407) 876-2897

CR2E037 (5/01)

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ORLANDO FL 32819*address change*

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FL

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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

Mary Roberta Lawrence

Signature, typed or printed name of registered agent and title if applicable.

(NOT) Registered Agent signature required when reinstating)

5/1/01

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**

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CR2E037 (10/00)

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SIGNATURE:

Mary Roberta Lawrence

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01 (407) 236-5155

Date

Daytime Phone #