

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001725

1. Entity Name

REFORMATION BAPTIST CHURCH, INC.

Principal Place of Business

5611 LENDL CT.
LEESBURG FL 34748

Mailing Address

5611 LENDL CT.
LEESBURG FL 34748

2. Principal Place of Business

3. Mailing Address

Post Office Box 149

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
TAVARES FL

4. FEI Number

59-3619564

Applied For

Not Applicable

Zip

Country

Zip

Country

32778

USA

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

JONES, GORDON
5611 LENDL CT.
LEESBURG FL 34748

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BAILEY, DAVID
365 SUNNY OAKS WAY
LADY LAKE FL 32159 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D MATT HERREN
35138 County Road 437 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JONES, GORDON
5611 LENDL CT.
LEESBURG FL 34748 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Herren, MATT
35138 County Road 437
EUSTIS FL 32736 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FEHMERLING, ERICH
4351 N.W. 76TH CT.
CHEIFLAND FL 32626 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

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NAME
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CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David W. Bailey 1/15/2001

Date

Daytime Phone #

352-259-5999



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)