

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/19/01-

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90001 044 \*\*\*\*61.25

DOCUMENT # N00000006911

1. Entity Name

ANTIOCH PRIMITIVE BAPTIST CHURCH, INC. OF HAVANA

Principal Place of Business

323 CONYERS ST.  
 HAVANA FL 32333

Mailing Address

323 CONYERS ST.  
 HAVANA FL 32333

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

☒ 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

CHANDLER, MILDRED L  
 408 4TH ST  
 HAVANA FL 32333

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

*Mildred L. Chandler*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/9/01*

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 CHANDLER, JAMES JR  
 STREET ADDRESS 408 4TH ST  
 CITY-ST-ZIP HAVANA FL 32333 ☐ Delete

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

TITLE V  
 NAME JONES, JAMES L  
 STREET ADDRESS 198 WASHINGTON AVE  
 CITY-ST-ZIP HAVANA FL 32333 ☐ Delete

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

TITLE V  
 NAME JACKSON, ROBERIC B  
 STREET ADDRESS 2250 CLARA KEE BLVD  
 CITY-ST-ZIP HAVANA FL 32333 ☐ Delete

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

TITLE S  
 NAME CHANDLER, MILDRED L  
 STREET ADDRESS 408 4TH ST  
 CITY-ST-ZIP HAVANA FL 32333 ☐ Delete

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

TITLE T  
 NAME JACKSON, CAROL J  
 STREET ADDRESS 907 S MAIN ST  
 CITY-ST-ZIP HAVANA FL 32333 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 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:

*ROBERT B. JACKSON*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/9/01*

Date

*414-7110*

Daytime Phone #

CR2E037 (10/00)