

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

09-17-2002 90107 021 \*\*\*\*70.00

**DOCUMENT # NO1000000491**

1. Entity Name

**CHRIST BETHLEHEM CHURCH, INC.**

Principal Place of Business

**2107 EAST LINEBAUGH AVENUE  
TAMPA FL 33612**

Mailing Address

**2107 EAST LINEBAUGH AVENUE  
TAMPA FL 33612**

2. Principal Place of Business

**2705 N 22ND ST**

3. Mailing Address

**P.O. BOX 82472**

Suite, Apt. #, etc.

**B**

Suite, Apt. #, etc.

City & State

**TAMPA, FL**

City & State

**TAMPA, FL**

Zip

**33605**

Country

**HALLS**

Zip

**33682**

Country

**HALLS**

4. FEI Number

**59-3693495**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
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 **PD** ☐ Delete  
NAME **WILLIAMS, LESLIE**  
STREET ADDRESS **2107 EAST LINEBAUGH AVENUE**  
CITY-ST-ZIP **TAMPA FL 33612**

TITLE **SD** ☒ Delete  
NAME **ALBURY, SHIRLEY**  
STREET ADDRESS **2107 EAST LINEBAUGH AVENUE**  
CITY-ST-ZIP **TAMPA FL 33612**

TITLE **TD** ☐ Delete  
NAME **WILLIAMS, CAROL**  
STREET ADDRESS **2107 EAST LINEBAUGH AVENUE**  
CITY-ST-ZIP **TAMPA FL 33612**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition  
NAME **WILLIAMS, LESLIE**  
STREET ADDRESS **13816 AZALEA CIRCLE "B"**  
CITY-ST-ZIP **TAMPA, FL 33613**

TITLE **TD** ☐ Change ☒ Addition  
NAME **TERRI DES VIGNES**  
STREET ADDRESS **27031 ARROWBROOK WAY**  
CITY-ST-ZIP **WESLEY CHAPEL, FL 33543**

TITLE **SD** ☒ Change ☐ Addition  
NAME **WILLIAMS, CAROL**  
STREET ADDRESS **13816 AZALEA CIRCLE "B"**  
CITY-ST-ZIP **TAMPA, FL 33613**

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

TITLE ☐ Change ☐ Addition  
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:

**LESLIE WILLIAMS**

**9/13/02 813/292-8249**

CR2E037 (4/02)