

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90106 014 ****70.00

DOCUMENT # N09011

1. Entity Name

FIRST FREEWILL BAPTIST HOLDING CO.

Principal Place of Business

**11605 E. U.S. HWY. 92
SEFFNER FL 33584**

Mailing Address

**11605 E. U.S. HWY. 92
SEFFNER FL 33584**

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

59-2250306

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DUNCAN, RONALD
3103 N. FRITZKE RD.
DOVER FL 33527**

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.

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

TITLE ☐ Delete
NAME **PD DUNCAN, RONALD**
STREET ADDRESS **3103 N. FRITZKE RD.**
CITY-ST-ZIP **DOVER FL**

TITLE ☐ Delete
NAME **VD LARKIN, ROBERT**
STREET ADDRESS **1112 RIFLECREST AVE**
CITY-ST-ZIP **VALRICO FL 33594**

TITLE ☐ Delete
NAME **VD CARLTON, DENNIS**
STREET ADDRESS **7414 COMMERCE ST.**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE ☐ Delete
NAME **SD RICE, WALTER F.**
STREET ADDRESS **6010 FALKENBURG RD.**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Delete
NAME **TD RICHARDSON, JAMES D.**
STREET ADDRESS **4217 TRUMAN DR.**
CITY-ST-ZIP **SEFFNER FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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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 Ronald Duncan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **1-15-01 (813)986-6630**

Date

Daytime Phone #

CR2E037 (10/00)