

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90009 024 \*\*\*\*61.25

**DOCUMENT # N13979**  
 1. Entity Name  
**FIRST BAPTIST CHURCH OF FOUNTAIN, FLORIDA, BAY C**

Principal Place of Business 18906 HWY. 231 P O BOX 349 FOUNTAIN FL 32438 US	Mailing Address 18906 HWY. 231 P O BOX 349 FOUNTAIN FL 32438 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	<b>NOT APPLICABLE</b>	Applied For
		<input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**DEGROFF, STEVEN**  
**16130 SANDSTONE ROAD**  
**FOUNTAIN FL 32438**

**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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE	<b>C</b> <input type="checkbox"/> Delete
NAME	<b>KAULBACH, GEORGE</b>
STREET ADDRESS	<b>11920 JASMINE ST.</b>
CITY-ST-ZIP	<b>FOUNTAIN FL 32438</b>
TITLE	<b>C</b> <input type="checkbox"/> Delete
NAME	<b>DEGROFF, STEVEN</b>
STREET ADDRESS	<b>16130 SANDSTONE RD</b>
CITY-ST-ZIP	<b>FOUNTAIN FL</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>DAVIS, DENNIS</b>
STREET ADDRESS	<b>19711 DEEP SPRINGS RD</b>
CITY-ST-ZIP	<b>FOUNTAIN FL 32438</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>HAZELIP, HAROLD</b>
STREET ADDRESS	<b>17931 PARK PL</b>
CITY-ST-ZIP	<b>FOUNTAIN FL 32438</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>BELL, MARK</b>
STREET ADDRESS	<b>4116 SINGER RD</b>
CITY-ST-ZIP	<b>FOUNTAIN FL 32438</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>DEGROFF, DAWN</b>
STREET ADDRESS	<b>16130 SANDSTONE RD.</b>
CITY-ST-ZIP	<b>YOUNSTOWN FL</b>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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* **SIGNATURE REQUIRED** *Signature* **2-12-01** **850722-9371**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)