

2001 UNIFORM BUSINESS REPORT (UBR)

4/

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-03-2001 90100 044 ****61.25

DOCUMENT # N26372

1. Entity Name

THE FIRST BAPTIST CHURCH OF ST. PETERSBURG BEACH

Principal Place of Business

Mailing Address

203 73RD AVENUE
ST. PETERSBURG BEACH FL 33706-1918

203 73RD AVENUE
ST. PETERSBURG BEACH FL 33706-1918

2. Principal Place of Business

3. Mailing Address

As Above

As Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2348366

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VAZQUEZ, JERRY

544 72 AVE

ST PETERSBURG BEACH FL 33706

Name

EARL HARRIS

Street Address (P.O. Box Number is Not Acceptable)

3020 Alton Drive

City

St. Pete Beach

FL

Zip Code

33706

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

Earl Harris

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

(NOTE: Registered Agent signature required when reinstating)

MARCH 28, 2001

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	D	<input type="checkbox"/> Delete
NAME	MOTTE, JOHN	
STREET ADDRESS	15804 KEDINGTON DRIVE	
CITY-ST-ZIP	REDINGTON BEACH FL 33708	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAZQUEZ, JERRY	
STREET ADDRESS	544 - 72 AVENUE	
CITY-ST-ZIP	ST PETERSBURG BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, EARL D.	
STREET ADDRESS	3020 ALTON DR	
CITY-ST-ZIP	ST PETERSBURG BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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 817, 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 REQUIRED

Earl Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)