

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N33352**

1. Entity Name

REGULAR BAPTIST CAMP OF FLORIDA, INC.**FILED**
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90100 016 ****61.25

Principal Place of Business

Mailing Address

5055 CAMP SPARTA RD
SEBRING FL 33872-25685055 CAMP SPARTA RD
SEBRING FL 33872-2568

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

59-2952626

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

KRAFT, KEN
5057 CAMP SPARTA RD
SEBRING FL 33872

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 \$61.259. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
WEST, DALE
414 SUMMIT CHASE DR
VALRICO FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SMITH, MARK
2601 PARTIN SETTLEMENT
KISSIMMEE FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KRAFT, KEN
5057 CAMP SPARTA RD
SEBRING FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
WALTER, DEAN
38634 HIGHWAY 54 EAST
ZEPHYRHILLS FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
OSBORNE, NATHAN
4333 SHADOW WOOD WAY
WINTER HAVEN FL 33880 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/O ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/2001 863/382-8696

CR2E037 (10/00)