

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 28, 2002 8:00 am  
Secretary of State

05-28-2002 91519 022 \*\*\*\*61.25

DOCUMENT # N33352

1. Entity Name

REGULAR BAPTIST CAMP OF FLORIDA, INC.

Principal Place of Business

Mailing Address

5055 CAMP SPARTA RD  
SEBRING FL 33872-2568

5055 CAMP SPARTA RD  
SEBRING FL 33872-2568

404040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2952626

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BARRY R. KILMER

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

5057 CAMP SPARTA RD

City

SEBRING

FL

Zip Code

33872

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

*Barry R. Kilmer*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/2/02

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	TD	<input type="checkbox"/> Delete
NAME	WEST, DALE	
STREET ADDRESS	414 SUMMIT CHASE DR	
CITY-ST-ZIP	VALRICO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, MARK	
STREET ADDRESS	2601 PARTIN SETTLEMENT	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	KRAFT, KEN	
STREET ADDRESS	5057 CAMP SPARTA RD	
CITY-ST-ZIP	SEBRING FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WALTER, DEAN	
STREET ADDRESS	38634 HIGHWAY 54 EAST	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	OSBORNE, NATHAN	
STREET ADDRESS	4333 SHADOW WOOD WAY	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE		<input type="checkbox"/> Delete
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	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KILMER, BARRY	
STREET ADDRESS	5057 CAMP SPARTA RD	
CITY-ST-ZIP	SEBRING, FL 33872	
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:

*Barry R. Kilmer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/02

Date

863-382-8696

Daytime Phone #

CR2E037 (9/01)