

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005115

1. Entity Name

FIRST BAPTIST BRANDON FOUNDATION, INC.

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90050 011 \*\*\*\*61.25

Principal Place of Business  
204 W MORGAN ST  
BRANDON FL 33510

Mailing Address  
204 W MORGAN ST  
BRANDON FL 33510-4430



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  
59-3211822

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

WARREN, JEFFREY W  
220 S FRANKLIN ST  
TAMPA FL 33602

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	GRAY, HASKELL	
STREET ADDRESS	1506 GERTRUDE DRIVE	
CITY-ST-ZIP	BRANDON FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROGERS, DONALD	
STREET ADDRESS	205 JAMES ST	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCAHON, ETTIE	
STREET ADDRESS	936 BENNINGER DR	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ANDREWS, ART	
STREET ADDRESS	118 ASHBROOK DR	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOLLEY, SANDRA	
STREET ADDRESS	1011 CHERWOOD LN	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLINE, NAOMI	
STREET ADDRESS	1213 BRANDA VISTA DR	
CITY-ST-ZIP	BRANDON FL 33510	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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

1/25/2000 (813)661-1823  
Date Daytime Phone #

CR2E037 (9/99)