

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001302

1. Entity Name

IGLESIA BAUTISTA HISPANA DE LAKESIDE, APOPKA, FL

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90011 043 ****61.25

Principal Place of Business

Mailing Address

BEAR LAKE RD
APOPKA FL

9635 BEAR LAKE RD
APOPKA FL 32703-1922

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3232024

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

CORDOVES, ISRAEL
602 EGAN DR
ORLANDO FL 32822

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, 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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
NAME	STREET ADDRESS CITY-ST-ZIP	TITLE	NAME STREET ADDRESS CITY-ST-ZIP
CORDOVES, ISRAEL 602 EGAN DR ORLANDO FL 32822	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CORDOVES, MARIO 501 EGAN DR ORLANDO FL 32822	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CORDOVES, ISRAEL JR. 602 EGAN DR ORLANDO FL 32822	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CORDOVES, MARTA 501 EGAN DR ORLANDO FL 32822	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
DE GRACIA, PETER 6127 BEAR LAKE TERR APOPKA FL	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CORDOVES, ALIDA E. 602 EGAN DR ORLANDO FL 32822	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)