

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9500G000182

1. Entity Name

FLORIDA AVENUE BAPTIST HOLDING CO.

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90218 010 ****61.25

902842



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4208 N FLORIDA AVE
TAMPA FL 33603

Mailing Address

4208 N FLORIDA AVE
TAMPA FL 33603

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3304426

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SWARTZ, TIMOTHY J
4805 E. REGNAS AVENUE
TAMPA FL 33617

7. Name and Address of New Registered Agent

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

TITLE PD ☐ Delete
NAME SWARTZ, TIMOTHY J
STREET ADDRESS 4805 E. REGNAS AVENUE
CITY-ST-ZIP TAMPA FL

TITLE VPD ☐ Delete
NAME SIMMONS, W A
STREET ADDRESS 4303 LYNN AVE
CITY-ST-ZIP TAMPA FL

TITLE STT ☐ Delete
NAME PURVIS, DENTA
STREET ADDRESS 308 W ALVA STREET
CITY-ST-ZIP TAMPA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Timothy J. Swartz* **Timothy J. Swartz** 1-03-01 (813) 238-2425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)