

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003841

1. Entity Name

BIBLE-BASED FELLOWSHIP DEVELOPMENT CORPORATION

Principal Place of Business

4811 EHRLICH ROAD
TAMPA FL 33624

Mailing Address

4811 EHRLICH ROAD
TAMPA FL 33624

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

59-3331974

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

JONES, ARTHUR T
6433 RENWICK CIRCLE
TAMPA FL 33647

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 ☐ Delete
NAME D
STREET ADDRESS JONES, ARTHUR T REV
CITY-ST-ZIP 6433 RENWICK CIRCLE
TAMPA FL

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Phyllis Dickinson
CITY-ST-ZIP 1646 - Wallaces Rd.
Lutz, FL. 33549

TITLE ☒ Delete
NAME D
STREET ADDRESS PETERSON, MARLENE
CITY-ST-ZIP 10512 ROCHESTER WAY
TAMPA FL 33626

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Michael Boone
CITY-ST-ZIP 18912 - Chaville Rd.
Lutz, Fla. 33549

TITLE ☒ Delete
NAME D
STREET ADDRESS MCCARTY, KEITH
CITY-ST-ZIP 3209 LANBRIGHT STREET
TAMPA FL 33610

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Fred Robinson
CITY-ST-ZIP 18545 - Avocet Dr.
Lutz, Fla. 33549

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

2/8/02

813-264-4050

CR2E037 (9/01)