

2001 - UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90199 007 ****61.25

DOCUMENT # N96000005757

1. Entity Name

ESTATES BAPTIST CHURCH, INC.

Principal Place of Business

1821 CR 951
#7
NAPLES FL 34113

Mailing Address

2750 NEWMAN DR
NAPLES FL 34114

2. Principal Place of Business

12285 Collier Blvd

3. Mailing Address

Suite, Apt. #, etc.

#7

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Zip

Country

Zip

Country

34116

6. Name and Address of Current Registered Agent

4. FEI Number

30-0440829

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

HAHE, JOSEPH F
310 17 STREET S.W.
NAPLES FL 34114

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 PD ☐ Delete
NAME HAHE, JOSEPH F
STREET ADDRESS 310 17TH ST SW
CITY-ST-ZIP NAPLES FL 34117

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

TITLE VD ☐ Delete
NAME FOSTER, JOSEPH SR.
STREET ADDRESS 3433 HIBISCUS
CITY-ST-ZIP NAPLES FL 34104

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

TITLE SD ☐ Delete
NAME HOLLAND, JOYCE
STREET ADDRESS 2750 NEWMAN DR
CITY-ST-ZIP NAPLES FL 34114

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

TITLE TD ☐ Delete
NAME FOSTER, LYNN
STREET ADDRESS 3433 HIBISCUS
CITY-ST-ZIP NAPLES FL 34104

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 Holland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

941-455-8764

Daytime Phone #

CR2E037 (10/00)