

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000506

1. Entity Name

UNIVERSITY BAPTIST CHURCH OF SOUTH FORT MYERS, I

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90032 035 ****61.25

Principal Place of Business

Mailing Address

21900 RIVER RD
ESTERO FL 33928
US

16520 SO TAMiami TRIAL STE 18-212
FORT MYERS FL 33908-4569

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0720890

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

STENDER, RON
20600 PINE TREE LN
ESTERO FL 33928

Name

DALE BLACKBURN

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

6373 PLUMOSA AVE

City

Fort Myers

FL

Zip Code

33908

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

Dale Blackburn

(NOTE: Registered Agent signature required when reinstating)

DATE

5/15/00

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 STENDER, RON
STREET ADDRESS 20600 PINE TREE LN
CITY-ST-ZIP ESTERO FL 33928

TITLE PD ☒ Change ☐ Addition
NAME DALE BLACKBURN
STREET ADDRESS 6373 PLUMOSA AVE
CITY-ST-ZIP FT. MYERS FL 33908

TITLE VD ☒ Delete
NAME RYBICKI, JUDIE
STREET ADDRESS 20580 PINE TREE LN
CITY-ST-ZIP ESTERO FL 33928

TITLE VD ☒ Change ☐ Addition
NAME Gene Conner
STREET ADDRESS 8168 Albatross Rd.
CITY-ST-ZIP Ft. Myers, FL. 33912

TITLE SD ☐ Delete
NAME QUICKE, DEBBIE
STREET ADDRESS 18612 EVERGREEN RD
CITY-ST-ZIP FT MYERS FL 33912

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
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STREET ADDRESS
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/15/00 267-3803

CH2E037 (9/99)