

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000005448**

1. Entity Name

REGENCY BAPTIST CHURCH, INC.**FILED****Jan 25, 2000 8:00 am**
Secretary of State

01-25-2000 90025 013 ****61.25

Principal Place of Business

**8020 WASHINGTON ST
PORT RICHEY FL 34668
US**

Mailing Address

**P O BOX 995
PORT RICHEY FL 34673-0995
US**

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

NOT APPLICABLE

Applied For

Not Applied

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

**WEBBER, HARLAN
7230 BIMINI DR
PORT RICHEY FL 34668**

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

HARLAN WEBBER

Signature, typed or printed name of registered agent and title if applicable.

Harlan Webber

(NOTE: Registered Agent signature required when reinstating)

1-15-2000

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 **D** ☐ Delete
NAME **WEBBER, HARLAN**
STREET ADDRESS **7230 BIMINI DR**
CITY-ST-ZIP **PT RICHEY FL 34668**TITLE **D** ☐ Delete
NAME **KIRVES, RON**
STREET ADDRESS **13537 SUMMERWOOD DR.**
CITY-ST-ZIP **BAYONET POINT FL 34667**TITLE **D** ☐ Delete
NAME **SURELS, HOLLY**
STREET ADDRESS **4407 BADEN DR**
CITY-ST-ZIP **HOLIDAY FL 34691**TITLE **D** ☐ Delete
NAME **KIRVES, BEVERLY**
STREET ADDRESS **13537 SUMMERWOOD DR.**
CITY-ST-ZIP **BAYONET POINT FL 34667**TITLE **D** ☐ Delete
NAME **CORBITT, RAYMOND**
STREET ADDRESS **10525 MOSQUERO DR.**
CITY-ST-ZIP **PORT RICHEY FL 34668**TITLE **D** ☐ Delete
NAME **CORBITT, BELLE**
STREET ADDRESS **10525 MOSQUERO DR.**
CITY-ST-ZIP **PORT RICHEY FL 34668**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

HARLAN WEBBER *Harlan Webber* **1-15-2000 727-849-5**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #