

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003090

1. Entity Name

FIRST BAPTIST CHURCH OF CITRUS SPRINGS, INC.

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90069 012 \*\*\*\*61.25

Principal Place of Business

2723 W DUNNELLON RD  
DUNNELLON FL 34433

Mailing Address

12291 N. OAKLEAF TERRACE  
DUNNELLON FL 34433-2280

2. Principal Place of Business

3. Mailing Address

P.O. Box 2450

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Dunnellon, FL

4. FEI Number

59-3468993

Applied For

Not Applicable

Zip

Country

Zip

Country

34430

Citrus

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

BRAMLETT, SARAH  
3559 W CYPRESS DRIVE  
DUNNELLON FL 34433

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 SARAH BRAMLETT

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

*Sarah Bramlett*

(NOTE: Registered Agent signature required when reinstating)

1-19-2000

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME PASTOR, GARY R  
STREET ADDRESS 20167 SW 81ST STREET  
CITY-ST-ZIP DUNNELLON FL 34431

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

TITLE VPD ☐ Delete  
NAME BRAMLETT, WALDO  
STREET ADDRESS 3559 W. CYPRESS DRIVE  
CITY-ST-ZIP DUNNELLON FL-34433

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

TITLE SD ☐ Delete  
NAME BRAMLETT, SARAH  
STREET ADDRESS 3559 W CYPRESS DRIVE  
CITY-ST-ZIP DUNNELLON FL 34433

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

TITLE TD ☒ Delete  
NAME HEATH, WILBUR  
STREET ADDRESS 5135 W. EMY LOU COURT  
CITY-ST-ZIP DUNNELLON FL 34433

TITLE TD ☒ Change ☐ Addition  
NAME MARGARET NELSON  
STREET ADDRESS 12291 N. OAKLEAF TERRACE  
CITY-ST-ZIP DUNNELLON FL 34433

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: *SARAH BRAMLETT* *Sarah Bramlett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-2000 (352) 489-6292

CR2E037 (9/99)