

# 2001 UNIFORM BUSINESS REPORT (UBR)

3/7.

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-07-2001 90606 024 \*\*\*\*61.25

**DOCUMENT # N98000004565**

1. Entity Name

**BETHEL BY THE LAKE, INC.**

Principal Place of Business

501 W. ORANGE AVE.  
TALLAHASSEE FL 32310

Mailing Address

501 W. ORANGE AVE.  
TALLAHASSEE FL 32310

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

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

**SPENCER, GWENDOLYN J**  
**3848 SHAMROCK WEST**  
**TALLAHASSEE FL 32308**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	GREEN, JOHN F	
STREET ADDRESS	501 W. ORANGE AVE.	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	V	<input type="checkbox"/> Delete
NAME	WEBSTER, JOSEPH L SR	
STREET ADDRESS	4891 HIGHGROVE ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCGOWAN, PATRICIA	
STREET ADDRESS	2914 MORNINGSIDE DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	T	<input type="checkbox"/> Delete
NAME	JONES, LANIER A	
STREET ADDRESS	1741 BROOKSIDE BLVD.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	BOD	<input type="checkbox"/> Delete
NAME	CARR, WILMON E	
STREET ADDRESS	1221 COLEMAN STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	BOD	<input type="checkbox"/> Delete
NAME	HILL, ROSALIE A	
STREET ADDRESS	715 SPRINGSAX ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32310	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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]*

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)