

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000713

1. Entity Name

DREW PARK CHURCH OF CHRIST, INC.

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90015 028 \*\*\*\*61.25

Principal Place of Business

Mailing Address

3907 W. DR. MLK JR. BLVD.  
TAMPA FL

3907 W. DR. MLK JR. BLVD.  
TAMPA FL

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



DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

DOUGLAS, JOHN L  
513 HILL DALE RD.  
BRANDON FL 33510

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	PD	<input type="checkbox"/> Delete
NAME	DOUGLAS, JOHN L	
STREET ADDRESS	513 HILL DALE RD	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HAMERTER, JAMES	
STREET ADDRESS	6415 N 47TH STREET	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ROBBINS, JACOB	
STREET ADDRESS	1528 CHEPACKET STREET	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HAMILTON, HENRY	
STREET ADDRESS	4601 E. SERENA DR.	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 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	SD.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jacob Robbins	
STREET ADDRESS	P.O. Box 195	
CITY-ST-ZIP	Brandon FL 33509	
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)(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 #

*John L. Douglas*

2-13-2000 813-654-2620