

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006429

1. Entity Name

MT. CALVARY BAPTIST CHURCH OF HILLSBOROUGH COUNT

Principal Place of Business

1007 BUSHES COUNTRY LANE
SEFFNER FL 33584

Mailing Address

1007 BUSHES COUNTRY LANE
SEFFNER FL 33584-4538

FILED

Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90029 016 ****61.25



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11909 STATE Road 574

3. Mailing Address

11909 STATE Road 574

Suite, Apt. #, etc.

SUITE B+C

Suite, Apt. #, etc.

SUITE B+C

City & State

SEFFNER, FL

City & State

SEFFNER, FL

Zip

33584

Country

US

Zip

33584

Country

US

4. FEI Number

59-3606941

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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
NAME CLARK, RODNEY L
STREET ADDRESS 1007 BUSHES COUNTRY LANE
CITY-ST-ZIP SEFFNER FL 33584 ☐ Delete

TITLE TD
NAME SHELTON, RICHARD S
STREET ADDRESS 1007 BUSHES COUNTRY LANE
CITY-ST-ZIP SEFFNER FL 33584 ☐ Delete

TITLE SD
NAME REED, BRIAN H
STREET ADDRESS 1007 BUSHES COUNTRY LANE
CITY-ST-ZIP SEFFNER FL 33584 ☐ Delete

TITLE VD
NAME BUSH, BILLY M
STREET ADDRESS 1007 BUSHES COUNTRY LANE
CITY-ST-ZIP SEFFNER FL 33584 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS 1317 GULF STREAM CIRCLE APT #104
CITY-ST-ZIP BRANDON, FL 33511 ☒ Change ☐ Delete

TITLE
NAME
STREET ADDRESS 103 MAYFAIR DRIVE
CITY-ST-ZIP BRANDON, FL 33511 ☒ Change ☐ Delete

TITLE
NAME
STREET ADDRESS 3406 SPOONER DRIVE
CITY-ST-ZIP PLANT CITY, FL 33567 ☒ Change ☐ Delete

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

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

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

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:

BRIAN H. REED V.

1/05/00 813-661-6893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #