

2000 UNIFORM BUSINESS REPORT (UBR)

5/1/

FILED

Jun 01, 2000 8:00 am
Secretary of State

05-01-2000 90548 028 ****61.25

DOCUMENT # N99000007107

1. Entity Name

BREWER LAKE BAPTIST CHURCH OF DAY, FLORIDA, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 119
MAYO FL 32066

POST OFFICE BOX 119
MAYO FL 32066

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

59-0549169

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SMITH, HAROLD LLOYD

ROUTE 1, BOX 607

MAYO FL 32066

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, HAROLD LLOYD	
STREET ADDRESS	ROUTE 1, BOX 607	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	DEES, KENNETH	
STREET ADDRESS	ROUTE 1, BOX 889	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BUCHANAN, MARVIN	
STREET ADDRESS	ROUTE 1, BOX 889	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BELL, DOYLE	
STREET ADDRESS	ROUTE 1, BOX 889	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROCK, CHARLIE	
STREET ADDRESS	ROUTE 1, BOX 775	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HORTON, JOHN D	
STREET ADDRESS	ROUTE 1, BOX 738	
CITY-ST-ZIP	MAYO FL 32066	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith Harold Lloyd	
STREET ADDRESS	Rt. 1 Box 607	
CITY-ST-ZIP	Mayo, FL 32066	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dees, Kenneth	
STREET ADDRESS	Rt. 1 Box 889	
CITY-ST-ZIP	Mayo, FL 32066	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Buchanan Marvin	
STREET ADDRESS	Rt. 1 Box 442	
CITY-ST-ZIP	Mayo, FL 32066	
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)(l), 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:

Harold Lloyd Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)