## **2000 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## **FILED DOCUMENT # 710937** May 19, 2000 8:00 am 1. Entity Name Secretary of State FIRST UNITED CHURCH OF TAMPA, FLORIDA, INC. (CON 05-19-2000 90081 001 \*\*\*\*61.25 Principal Place of Business Mailing Address 7308 E FOWLER AVE. 7308 E FOWLER AVE. TAMPA FL 33617-1806 TAMPA FL 33617 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3268170 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 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) RAMPOLLA, DORIS **405 JOYCE AVENUE** TEMPLE TERRACE FL 33617 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. TOTAL OF TOTAL SIGNATURE -(NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition TITLE TITLE Delete Mitchell, Margaret NAME NAME CLAYTOR, NITA 11717 Unicorn Road STREET ADDRESS STREET ADDRESS 7300 E FOWLER AVE CITY-ST-ZIP CITY-ST-ZIP Tampa, Fl 33637 **TAMPA FL 33617** 🔀 Addition ☐ Change TITLE TITLE Delete NAME MCKENNEY, MICHAEL NAME 8708 Orange Leaf Ct. STREET ADDRESS STREET ADDRESS .7358.E.FOWLER.AVE ampa, F1. 33637-5021 CITY-ST-ZIP CITY-ST-ZIE **TAMPA FL 33617** ☐ Addition Delete TITLE TITLE ELLSworth, Lewis NAME **ELSWORTH, LEWIS** NAME STREET ADDRESS STREET ADDRESS 11107 N 21ST STREET CITY-ST-ZIE Lampa, Fl. CITY-ST-ZIP TAMPA FL 33612 Addition ☐ Change Delete TITLE Binford, Jesse NAME MICHAEL, RODNEY NAME 1905 E. IILL St. STREET ADDRESS STREET ADDRESS P O BOX 244 N/A CITY-ST-ZIP CITY-ST-ZIP RIVERVIEW FL ☐ Change ☐ Addition TITLE .. 🔲 Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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