

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724909

1. Entity Name

THE TRINITY ASSOCIATE REFORMED PRESBYTERIAN CHUR

Principal Place of Business

14925 NORTH BOULEVARD
TAMPA FL 33613

Mailing Address

14925 NORTH BOULEVARD
TAMPA FL 33613-1503

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

DENNIS, DAVID M. SR.
1904 LITTLE COVE
TAMPA FL 33613

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90066 026 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1218057

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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 checked="" type="checkbox"/> Delete
NAME	HOLBROOK, THOMAS	
STREET ADDRESS	13802 SHADY SHORES DRIVE	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DAVIDSON, SHAWN	
STREET ADDRESS	4010 HUDSON LANE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BURKS, SANDRA	
STREET ADDRESS	902 RAWLINGS CIR.	
CITY-ST-ZIP	LUTZ FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TOMIN, ARLENE	
STREET ADDRESS	10802 N 25TH ST	
CITY-ST-ZIP	TAMPA FL	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, SHAWN	
STREET ADDRESS	4010 HUDSON LANE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURLEY, W. WADE SR.	
STREET ADDRESS	13513 GREENLEAF DRIVE	
CITY-ST-ZIP	TAMPA FL 33613	
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:

Sandra D. Burks

SANDRA D. BURKS

2/12/2000

(813) 949-8947

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)