

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90022 039 ****70.00

DOCUMENT # 739609

1. Entity Name

ST. CHAD'S EPISCOPAL CHURCH OF TAMPA, FLORIDA, I

Principal Place of Business

Mailing Address

**5609 NORTH ALBANY
TAMPA FL 33603**

**5609 NORTH ALBANY
TAMPA FL 33603-1005**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1761610

Applied For

Not Applied

Zip

Country

Zip

Country

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

**RIVERA, MIKE
5609 N ALBANY AVE
TAMPA FL 33603**

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 ☐ Delete
NAME **T**
STREET ADDRESS **LEVITSKY, DIANE**
CITY-ST-ZIP **2918 W PARIS ST
TAMPA FL 33614**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **RIVERA, MIKE**
CITY-ST-ZIP **2211 S VALRICO RD
VALRICO FL 33594**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CALLIHAM, CAROL**
CITY-ST-ZIP **5113 LINCOLN AVE N
TAMPA FL 33614**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DRAKE, MARILYN**
CITY-ST-ZIP **4717 BAY VISTA AVE
TAMPA FL 33611**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HUFFMAN, HELEN**
CITY-ST-ZIP **1711 RIO VISTA AVE W
TAMPA FL 33608**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **JORDAN, JEROLINE**
CITY-ST-ZIP **3403 KNOLLWOOD ST E
TAMPA FL 33610**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change
NAME **D**
STREET ADDRESS **Gary J. Buss**
CITY-ST-ZIP **5113 N. Lincoln Ave.
Tampa, FL 33614**

TITLE ☒ Change
NAME **D**
STREET ADDRESS **Tina Logerwell**
CITY-ST-ZIP **6765 Ralston Beach Cir.
Tampa, FL 33614**

TITLE ☒ Change
NAME **D**
STREET ADDRESS **William Aycock**
CITY-ST-ZIP **2310 Fern Circle
Tampa, FL 33604**

TITLE ☒ Change
NAME **D**
STREET ADDRESS **James Lindall**
CITY-ST-ZIP **7509 N. Himes Ave.
Tampa, FL 33614**

TITLE ☒ Change
NAME **D**
STREET ADDRESS **Dixie L. White**
CITY-ST-ZIP **1428 W. Yukon St.
Tampa, FL 33604**

TITLE ☐ Change
NAME **Add 5 new directors**
STREET ADDRESS **and delete one director**
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)(f) 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(813) 872-75

02/06/00