

**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 <b>5609 NORTH ALBANY TAMPA FL 33603</b>	Mailing Address <b>5609 NORTH ALBANY TAMPA FL 33603-1005</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number **59-1761610** Applied For  Not Applied For

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**RIVERA, MIKE**  
**5609 N ALBANY AVE**  
**TAMPA FL 33603**

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 \_\_\_\_\_ (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 <input type="checkbox"/> Delete	<b>T</b>
NAME	<b>LEVITSKY, DIANE</b>
STREET ADDRESS	<b>2918 W PARIS ST</b>
CITY-ST-ZIP	<b>TAMPA FL 33614</b>
TITLE <input type="checkbox"/> Delete	<b>D</b>
NAME	<b>RIVERA, MIKE</b>
STREET ADDRESS	<b>2211 S VALRICO RD</b>
CITY-ST-ZIP	<b>VALRICO FL 33594</b>
TITLE <input type="checkbox"/> Delete	<b>D</b>
NAME	<b>CALLIHAM, CAROL</b>
STREET ADDRESS	<b>5113 LINCOLN AVE N</b>
CITY-ST-ZIP	<b>TAMPA FL 33614</b>
TITLE <input type="checkbox"/> Delete	<b>D</b>
NAME	<b>DRAKE, MARILYN</b>
STREET ADDRESS	<b>4717 BAY VISTA AVE</b>
CITY-ST-ZIP	<b>TAMPA FL 33611</b>
TITLE <input type="checkbox"/> Delete	<b>D</b>
NAME	<b>HUFFMAN, HELEN</b>
STREET ADDRESS	<b>1711 RIO VISTA AVE W</b>
CITY-ST-ZIP	<b>TAMPA FL 33608</b>
TITLE <input checked="" type="checkbox"/> Delete	<b>D</b>
NAME	<b>JORDAN, JEROLINE</b>
STREET ADDRESS	<b>3403 KNOLLWOOD ST E</b>
CITY-ST-ZIP	<b>TAMPA FL 33610</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/>	<b>D</b>
NAME	<b>Gary J. Buss</b>
STREET ADDRESS	<b>5113 N. Lincoln Ave.</b>
CITY-ST-ZIP	<b>Tampa, FL 33614</b>
TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/>	<b>D</b>
NAME	<b>Tina Logerwell</b>
STREET ADDRESS	<b>6765 Ralston Beach Cir.</b>
CITY-ST-ZIP	<b>Tampa, FL 33614</b>
TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/>	<b>D</b>
NAME	<b>William Aycock</b>
STREET ADDRESS	<b>2310 Fern Circle</b>
CITY-ST-ZIP	<b>Tampa, FL 33604</b>
TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/>	<b>D</b>
NAME	<b>James Lindall</b>
STREET ADDRESS	<b>7509 N. Himes Ave.</b>
CITY-ST-ZIP	<b>Tampa, FL 33614</b>
TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/>	<b>D</b>
NAME	<b>Dixie L. White</b>
STREET ADDRESS	<b>1428 W. Yukon St.</b>
CITY-ST-ZIP	<b>Tampa, FL 33604</b>
TITLE <input type="checkbox"/> Change <input type="checkbox"/>	<b>Add 5 new directors and delete one director</b>

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:** \_\_\_\_\_ (813) 872-75  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 02/06/00 Daytime Phone #