

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90053 016 *****70.00

DOCUMENT # 739609

1. Entity Name

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

Principal Place of Business

**5609 NORTH ALBANY
TAMPA FL 33603**

Mailing Address

**5609 NORTH ALBANY
TAMPA FL 33603**

2. Principal Place of Business

same as above

Suite, Apt. #, etc.

3. Mailing Address

same as above

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1761610

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Bart Harper**
CITY-ST-ZIP **6211 N. Hale Ave.
Tampa, FL. 33614**

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

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

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

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Chuck Bash**
CITY-ST-ZIP **1733 W. Rio Vista
Tampa, FL. 33603**

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

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Lisa Gonzalez**
CITY-ST-ZIP **1723 W. Comanche Ave
Tampa, FL. 33603**

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

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Wyn Reyes**
CITY-ST-ZIP **5503 McKay Ave.
Tampa, FL. 33603**

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mike Rivera

Date

Daytime Phone #

02/27/02 872-7545

CR2E037 (9/01)