

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State
 05-15-2001 90011 038 ****61.25

DOCUMENT # 739879

1. Entity Name

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

Principal Place of Business

**4311 SAN MIGUEL
TAMPA FL 33629**

Mailing Address

**4311 SAN MIGUEL
TAMPA FL 33629**

654063



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0766994

Applied For

Not Applicable

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

**HEALY, MARILYN
RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL
401 E JACKSON ST STE 2700
TAMPA FL 33602**

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 **PD** ☐ Delete
NAME **DONLON, KEVIN FRANCIS**
STREET ADDRESS **3311 SAN JOSE**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **HEALY, DAVID**
STREET ADDRESS **4938 S MELROSE AVE**
CITY-ST-ZIP **TAMPA FL 33629-5420**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **PEPPER, WILLIAM W**
STREET ADDRESS **4420 W SEVILLA ST**
CITY-ST-ZIP **TAMPA FL 33629-8314**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **CASTLEBERRY, CAROL**
STREET ADDRESS **4616 W LUMB AVE**
CITY-ST-ZIP **TAMPA FL 33629-7633**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **MCCONNELL, STEVE**
STREET ADDRESS **1111 N WESTSHORE BLVD #115**
CITY-ST-ZIP **TAMPA FL 33607-4700**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **KIRKWOOD, KARLA**
STREET ADDRESS **4623 W. SUNSET BLVD.**
CITY-ST-ZIP **TAMPA FL 33629-6515**

TITLE ☐ Change ☐ 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

Donlon Kevin Francis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

813-554-4050

Date

Daytime Phone #

CR2E037 (10/00)