2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766711

1. Entity Name

LAND O' SUNSHINE CAMP CHERITH, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State
01-20-2000 90154 036 ****61.25

Principal Place of Business	Mailing Address
7508 SUMMERBRIDGE DR. TAMPA FL 33634	7508 SUMMERBRIDGE DR. TAMPA FL 33634-2261

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2258535 ☐ 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
HINES, JAMES P. 315 HYDE PARK AVE. TAMPA FL 33606	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HOUCHEN, DONNA 3420 CULLENDALE DRIVE TAMPA FL	☒ Delete	PD Mike Bitting 9625 Fox Hearst Rd Tampa, FL 33647	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SPENCE, NICOLE 7312 SUMMERBRIDGE DR. TAMPA FL 33634	☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KOCH, KAREN ~~9625 FOX HEARST RD~~ → TAMPA FL ~~33647~~ →	☐ Delete	VD 15920 Marshfield Dr Tampa, FL 33624	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BITTING, MICHAEL 15920 MARSHFIELD DR. TAMPA FL 33624	☒ Delete	SD Terrie Pinder 3382 S. Blackfoot Trail Jacksonville, FL 32223	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

CR2E037 (9/99)

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: ~~NICOLE SPENCE REQUIRED~~ Nicole Spence, Treasurer (813) 882-8636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #