


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90205 047 \*\*\*\*70.00

**DOCUMENT # N00000001281**

1. Entity Name  
**CHAPEL CENTER @ USF, INC.**



Principal Place of Business  
**12850 NORTH 50TH STREET  
TAMPA FL 33617**

Mailing Address  
**12850 NORTH 50TH STREET  
TAMPA FL 33617**

2. Principal Place of Business  
Suite, Apt. #: etc.

3. Mailing Address  
Suite, Apt. #: etc.

City & State



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3630914**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MICCERI, TED DR.  
527 LANTERN CIRCLE  
TEMPLE TERRACE FL 33617**

**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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COOLEY, JEAN REV.</b>	
STREET ADDRESS	<b>23451 CHERBOURG LOOP</b>	
CITY-ST-ZIP	<b>LAND O LAKES FL 34639</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SOLOMONSON, LARRY P DR.</b>	
STREET ADDRESS	<b>912 WEST LAKE FERN ROAD</b>	
CITY-ST-ZIP	<b>LUTZ FL 33549</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MICCERI, TED DR</b>	
STREET ADDRESS	<b>527 LANTERN CIRCLE</b>	
CITY-ST-ZIP	<b>TEMPLE TERRACE FL 33617</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SISTRUNK, WAYNE</b>	
STREET ADDRESS	<b>2812 BELLWOOD DRIVE</b>	
CITY-ST-ZIP	<b>BRANDON FL 33511</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>secretary</b>	
STREET ADDRESS	<b>Manon Alewynsc</b>	
CITY-ST-ZIP	<b>301 W. Hanlon St Tampa, FL 33604</b>	<input checked="" type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_ DATE: **2/19/03** PHONE: **813-988-1185**

CR2E037 (10/02)