

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90085 019 *****70.00

DOCUMENT # N01322

1. Entity Name

CATHEDRAL CARAVAN, INCORPORATED

Principal Place of Business

790 LA PLAZA AVE S
ST. PETERSBURG FL 33707
US

Mailing Address

790 LA PLAZA AVE S
ST. PETERSBURG FL 33707
US

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
59-1154879

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

BRUBAKER, DARLENE

**6639 DATE PALM AVE S.
ST. PETERSBURG FL 33707**

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 **DARLENE BRUBAKER**
Signature, typed or printed name of registered agent and title if applicable.

Darlene Brubaker
(NOTE: Registered Agent signature required when reinstating)

4-24-01
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 **D C** ☒ Delete
NAME **BRUBAKER, RAY**
STREET ADDRESS **6639 DATE PALM AVE S.**
CITY-ST-ZIP **ST. PETERSBURG FL 33707**

TITLE **D P** ☐ Change ☒ Addition
NAME **VANKOEVERTING, JOEY**
STREET ADDRESS **7234 1ST AVE S.**
CITY-ST-ZIP **ST. PETERSBURG, FL 33707**

TITLE **VD** ☒ Delete
NAME **BRUBAKER, DANNY**
STREET ADDRESS **519 LANDVIEW DR #C**
CITY-ST-ZIP **FT. WALTON BCH. FL**

TITLE **VDS** ☐ Change ☒ Addition
NAME **VANKOEVERTING, KAYE**
STREET ADDRESS **7234 1ST AVE S**
CITY-ST-ZIP **ST PETERSBURG, FL 33707**

TITLE **D** ☐ Delete
NAME **BRUBAKER, DARLENE**
STREET ADDRESS **6639 DATE PALM AVE S**
CITY-ST-ZIP **ST. PETERSBURG FL 33707**

TITLE **D** ☐ Change ☒ Addition
NAME **BRUBAKER, JAY**
STREET ADDRESS **801 LA PLAZA AVE S**
CITY-ST-ZIP **ST PETERSBURG, FL 33707**

TITLE **T** ☐ Delete
NAME **WERKHEISER, PAUL**
STREET ADDRESS **6633 HIBISCUS AVE S**
CITY-ST-ZIP **ST PETERSBURG FL 33707**

TITLE **D** ☐ Change ☒ Addition
NAME **ZELINKO, WILLIAM**
STREET ADDRESS **790 LA PLAZA AVE S.**
CITY-ST-ZIP **ST PETERSBURG, FL 33707**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Kaye Vankoeverting* **Kaye Vankoeverting VDS** **04/24/01** **(727) 347-2463**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)