

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90172 031 *****70.00

DOCUMENT # N01322

1. Entity Name

CATHEDRAL CARAVAN, INCORPORATED

Principal Place of Business

Mailing Address

790 LA PLAZA AVE S
 ST. PETERSBURG FL 33707
 US

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 AVENUE AOUTH
ST. PETERSBURG FL 33707

Name **KAYE VAN KOEVERING**
 Street Address (P.O. Box Number is Not Acceptable)

7234 1ST. AVE. S.

City **ST. PETERSBURG**

FL

Zip Code
33707

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

Kaye VanKoevering **Kaye VanKoevering**

4/5/02

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 **DPC** ☒ Delete
 NAME **BRUBAKER, RAY**
 STREET ADDRESS **6639 DATE PALM AVE S**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33707**

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

TITLE **D** ☒ Delete
 NAME **BRUBAKER, JAY**
 STREET ADDRESS **801 LA PLAZA AVENUE SOUTH**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33707**

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

TITLE **SD** ☒ Delete
 NAME **BRUBAKER, DARLENE**
 STREET ADDRESS **6639 DATE PALM AVE S**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33707**

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

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

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

TITLE **DP** ☐ Delete
 NAME **VANKOEVERING, JOEY**
 STREET ADDRESS **7234 1ST AVENUE SOUTH**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33707**

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

TITLE **VDS** ☐ Delete
 NAME **VANKOEVERING, KAYE**
 STREET ADDRESS **7234 1ST AVENUE SOUTH**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33707**

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 VanKoevering **Kaye VanKoevering**

APRIL 5, 2002 (727)347-2463

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)