

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90141 004 \*\*\*\*61.25

**DOCUMENT # N01372**

1. Entity Name

**ST. MARK'S EPISCOPAL CHURCH OF TAMPA, INC.**

Principal Place of Business

Mailing Address

13335 CASEY ROAD  
 TAMPA FL 33624-4335

13335 CASEY ROAD  
 TAMPA FL 33624-4335

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2726279**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MIDDAUGH, ROBERT**  
**12612 CLENDENNING DRIVE**  
**TAMPA FL 33624**

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 Robert C. Middaugh

*Robert C. Middaugh*

April 19, 2000

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

(NOTE: Registered Agent signature required when registering)

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**  Delete  
 NAME **HENRY, EARL D JR**  
 STREET ADDRESS **3625 BERGER ROAD**  
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE **D**  Change  Addition  
 NAME **Catherine E. Szelistowski**  
 STREET ADDRESS **4502 Southbreeze Drive**  
 CITY-ST-ZIP **Tampa, FL 33624**

TITLE **D**  Delete  
 NAME **HILL, ARDELL W**  
 STREET ADDRESS **15124 SPRINGVIEW ST**  
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE **D**  Change  Addition  
 NAME **Susan G. Fernandez**  
 STREET ADDRESS **7520 Oakvista Circle**  
 CITY-ST-ZIP **Tampa, FL 33634**

TITLE **D**  Delete  
 NAME **MIDDAUGH, ROBERT**  
 STREET ADDRESS **12612 CLENDENNING DRIVE**  
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE **VD**  Change  Addition  
 NAME **Robert C. Middaugh**  
 STREET ADDRESS **12612 Clendenning Drive**  
 CITY-ST-ZIP **Tampa, FL 33624**

TITLE **T**  Delete  
 NAME **TOUCHTON, PATRICIA**  
 STREET ADDRESS **5102 BELMERE PKWY (#2507)**  
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE **D**  Change  Addition  
 NAME **Marshal G. Lakis**  
 STREET ADDRESS **4615 Westford Circle**  
 CITY-ST-ZIP **Tampa, FL 33624**

TITLE **D**  Delete  
 NAME **ERMISH, RICHARD H**  
 STREET ADDRESS **13550 LAKE MAGDALENE DRIVE**  
 CITY-ST-ZIP **TAMPA FL 33613**

TITLE **SD**  Change  Addition  
 NAME **Leigh Chambliss**  
 STREET ADDRESS **717 S. Orleans (#7)**  
 CITY-ST-ZIP **Tampa, FL 33606**

TITLE **VD**  Delete  
 NAME **REUL, JAMES**  
 STREET ADDRESS **10522 HOMESTEAD DR**  
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE **PD**  Change  Addition  
 NAME **Edward J. Henley, Jr.**  
 STREET ADDRESS **13335 Casey Road**  
 CITY-ST-ZIP **Tampa, FL 33624**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Edward J. Henley, Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/17/00 813-962-3059**

CR2E037 (9/99)