

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90079 021 \*\*\*\*61.25

**DOCUMENT # N39111**

1. Entity Name  
**MAGNIFICAT, INC., TAMPA CHAPTER OF THE DIOCESE O**

Principal Place of Business <b>C/O MARY M. GARCIA          2113 ERNA DRIVE          TAMPA FL 33603</b>	Mailing Address <b>C/O MARY M. GARCIA          2113 ERNA DRIVE          TAMPA FL 33603-2719</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3074611</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent  <b>GARCIA, MARY M. 2113 ERNA DRIVE TAMPA FL 33603</b>				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>D</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>QUIGLEY, MARY A.</b>		NAME		
STREET ADDRESS	<b>14717 DAYBREAK DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LUTZ FL</b>		CITY-ST-ZIP		
TITLE	<b>D</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>ULRIKSEN, KATHY</b>		NAME		
STREET ADDRESS	<b>404 BROXBURN AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TEMPLE TERRACE FL</b>		CITY-ST-ZIP		
TITLE	<b>D</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>GONZALEZ, ELEANOR</b>		NAME		
STREET ADDRESS	<b>1408 N WESTSHORE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA FL</b>		CITY-ST-ZIP		
TITLE	<b>D</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MATHESON, EVE</b>		NAME		
STREET ADDRESS	<b>5153 SAN JOSE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA FL 33629</b>		CITY-ST-ZIP		
TITLE	<b>T</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>PLAZAK, PAM</b>		NAME		
STREET ADDRESS	<b>18542 OTTERWOOD AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA FL 33647</b>		CITY-ST-ZIP		
TITLE	<b>D</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>GARCIA, MARY M.</b>		NAME		
STREET ADDRESS	<b>2113 ERNA DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA FL</b>		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: *MARY M. Garcia* **3/21/2000** **(813) 876-0487**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)