

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N49616**

1. Entity Name

**HYDE PARK UNITED METHODIST CHURCH, INC.**

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90383 031 \*\*\*\*61.25

Principal Place of Business

500 W PLATT ST  
TAMPA FL

Mailing Address

500 W PLATT ST  
TAMPA FL 33606-2246

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-0714823**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HENDERSON, THOMAS N III**  
**101 E. KENNEDY BLVD.**  
**SUITE 3700**  
**TAMPA FL 33602**

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.

SIGNATURE

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

|                |                     |                                            |
|----------------|---------------------|--------------------------------------------|
| TITLE          | T                   | <input type="checkbox"/> Delete            |
| NAME           | GARCIA, KENNEDY     |                                            |
| STREET ADDRESS | 5216 W. NEPTUNE WAY |                                            |
| CITY-ST-ZIP    | TAMPA FL 33609      |                                            |
| TITLE          | T                   | <input type="checkbox"/> Delete            |
| NAME           | BARRITT, NANCY      |                                            |
| STREET ADDRESS | 2512 SIMMS BLVD     |                                            |
| CITY-ST-ZIP    | TAMPA FL 33609      |                                            |
| TITLE          | T                   | <input type="checkbox"/> Delete            |
| NAME           | CATALANO, JAMES     |                                            |
| STREET ADDRESS | 3701 W PALMIRA AVE  |                                            |
| CITY-ST-ZIP    | TAMPA FL 33629      |                                            |
| TITLE          | T                   | <input checked="" type="checkbox"/> Delete |
| NAME           | GOWER, VALENCIA     |                                            |
| STREET ADDRESS | 4116 W SAN JUAN ST  |                                            |
| CITY-ST-ZIP    | TAMPA FL            |                                            |
| TITLE          | T                   | <input checked="" type="checkbox"/> Delete |
| NAME           | ADAMS, ROBERT       |                                            |
| STREET ADDRESS | 3113 HAWTHORNE RD   |                                            |
| CITY-ST-ZIP    | TAMPA FL            |                                            |
| TITLE          | T                   | <input type="checkbox"/> Delete            |
| NAME           | ALLEY, TODD         |                                            |
| STREET ADDRESS | 184 BALTIC CIR      |                                            |
| CITY-ST-ZIP    | TAMPA FL 33606      |                                            |

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          | T                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Susan Kynes         |                                                                              |
| STREET ADDRESS | 2622 W. Jetton Ave. |                                                                              |
| CITY-ST-ZIP    | Tampa, FL 33629     |                                                                              |
| TITLE          | T                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Kent Skyrms         |                                                                              |
| STREET ADDRESS | 26 Spanish Main St. |                                                                              |
| CITY-ST-ZIP    | Tampa, FL 33609     |                                                                              |
| 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00

813-253-5388  
Daytime Phone #

CR2E037 (9/99)