

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000287

1. Entity Name

IMMACULATE HEART OF MARY ROMAN CATHOLIC CHAPEL,

Principal Place of Business

2404 EAST STUART STREET
TAMPA FL 33605

Mailing Address

2404 EAST STUART STREET
TAMPA FL 33605-6553

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3476428

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GARCIA, CHARLES J
2214 LONG STREET
TAMPA FL 33605

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHREIBER, JOSEPH	NAME	
STREET ADDRESS	2035 NW GENE'S LITTLE ACRES	STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL 33821	CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, CHARLES J	NAME	
STREET ADDRESS	2214 LONG ST	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33605	CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAKE, EUGENE S	NAME	Vacant
STREET ADDRESS	2707 BENT LEAF DR	STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL 33594	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNHART, JAMES A	NAME	
STREET ADDRESS	139 LOOKOUT DR	STREET ADDRESS	Village Oaks - 155 Oak Hill Dr.
CITY-ST-ZIP	APOLLO BEACH FL	CITY-ST-ZIP	Sarasota, FL 34232
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLL, ANDREW M	NAME	Vacant
STREET ADDRESS	1961 W DEL WEBB BLVD	STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACKARD, RALPH A	NAME	
STREET ADDRESS	4600 98TH WAY NO	STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33708	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: Charles J. Garcia 2/25/00 (813) 248-9593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90262 021 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)