2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N98000000287 Mar 03, 2000 8:00 am 1. Entity Name **Secretary of State** IMMACULATE HEART OF MARY ROMAN CATHOLIC CHAPEL. 03-03-2000 90262 021 ****61.25 Principal Place of Business Mailing Address 2404 EAST STUART STREET 2404 EAST STUART STREET TAMPA FL 33605 TAMPA FL 33605-6553 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3476428 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7: Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GARCIA, CHARLES J 2214 LONG STREET **TAMPA FL 33605** Zip Code FL 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** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change ☐ Addition TITLE TITLE ☐ Delete SCHREIBER, JOSEPH NAME STREET ADDRESS 2035 NW GENE'S LITTLE ACRES STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ARCADIA FL 33821 ☐ Change ☐ Addition DT TITLE ☐ Delete TITLE GARCIA, CHARLES J NAME NAME STREET ADDRESS STREET ADDRESS **2214 LONG ST** CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33605** DS Va cant Change ☐ Addition Delete TITLE TITLE DAKE, EUGENE S NAME NAME STREET ADDRESS STREET ADDRESS 2707 BENT LEAF DR CITY-ST-ZIP CITY-ST-7IP Valrico FL 33594 **X** Change ☐ Addition TITI F TITLE ☐ Delete NAME BARNHART, JAMES A NAME Village Oaks- 155 Oak Hill Dr. STREET ADDRESS 139 LOOKOUT DR STREET ADDRESS Sarasota, FL34232 CITY-ST-ZIP CITY-ST-ZIP APOLLO BEACH FL Change ☐ Addition Delete TITLE Vacant-MOLL, ANDREW M NAME NAME STREET ADDRESS STREET ADDRESS 1961 W DEL WEBB BLVD CITY-ST-ZIP CITY-ST-ZIP **SUN CITY CENTER FL 33573** ☐ Delete ☐ Addition TITLE Change PACKARD, RALPH A NAME NAME STREET ADDRESS STREET ADDRESS 4600 98TH WAY NO CITY-ST-ZIP ST PETRSBURG FL 33708

SIGNATURE: Charles T. Garcia 2/25/00 (813) 248-9593

changed, or on an attachment with an address, with all other like empowered.

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