

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N38788**

1. Entity Name

THE UNITED COMMUNITY CHURCH OF NORTH TAMPA, INC.

Principal Place of Business

P O BOX 16142
TAMPA FL 33687-6142

Mailing Address

P O BOX 16142
TAMPA FL 33687-6142

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3027227

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

JENSEN, MARK A.
6209 CHAUNCY ST
TAMPA FL 33647

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
MCNAUGHT, CHUCK
5602 N IKE SMITH RD
PLANT CITY FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
JENSEN, MARK
6209 CHAUNCY ST
TAMPA FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
BAKER, CAROL
1113 N RIVERHILLS DR
TAMPA FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
CRAMER, MELVA
7605 NORTH 53RD STREET
TAMPA FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Mark A. Jensen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-2001 813-615-5613

Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)