

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004581

1. Entity Name

URANTIA ASSOCIATION OF FLORIDA CORPORATION

Principal Place of Business

4411 W. TRILBY AVE
TAMPA FL 33616
US

Mailing Address

4411 W. TRILBY AVE
TAMPA FL 33616
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3238898

Applied For

Not Applicable

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

ZIGLAR, RICHARD
300 INTERCOASTAL PL
SUITE 303
TEQUESTA FL 33469

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

TITLE PD
NAME ZIGLAR, RICHARD
STREET ADDRESS 300 INTERCOASTAL PLACE, #300
CITY-ST-ZIP TEQUESTA FL 33469 ☐ Delete

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

TITLE TD
NAME STAWIN, PATRICIA
STREET ADDRESS 4411 W TRILBY AVE
CITY-ST-ZIP TAMPA FL 33616 ☐ Delete

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

TITLE SD
NAME LADISH, MARY
STREET ADDRESS 915 BALLARD ST, #R
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32071 ☒ Delete

TITLE SD
NAME Oberhausen, Suzanne
STREET ADDRESS 4514 W. Ballast Pt. Blvd.
CITY-ST-ZIP Tampa, FL 33611 ☐ Change ☒ Addition

TITLE VPD
NAME MANTZ, DAVID
STREET ADDRESS 7703 INDIA AVE, #121
CITY-ST-ZIP JACKSONVILLE FL 32211 ☒ Delete

TITLE VPD
NAME Jordan, H. Baker
STREET ADDRESS 722 S. Rome Ave
CITY-ST-ZIP Tampa, FL 33606 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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:

PATRICIA STAWIN

4/30/2001 813-226-8844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)