

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

03-20-2002 90028 031 \*\*\*\*61.25

**DOCUMENT # N38788**

1. Entity Name

**THE UNITED COMMUNITY CHURCH OF NORTH TAMPA, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 16142  
 TAMPA FL 33607-6142

P.O. BOX 16142  
 TAMPA FL 33607-6142

**5602 IKE SMITH RD**  
**Plant City, FL 33565-3018**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**5602 Ike Smith Rd**

City & State

City & State

**Plant City, FL**

Zip

Country

Zip

Country

**33565-3018 Hillsborough**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JENSEN, MARK A.**  
**6209 CHAUNCEY ST**  
**TAMPA FL 33647**

Name **Chuck McNaught**

Street Address (P.O. Box Number is Not Acceptable)  
**5602 Ike Smith Rd**

City **Plant City**

**FL**

Zip Code **33565**

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 *Chuck McNaught*  
 Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **3-1-02**

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>MCNAUGHT, CHUCK</b> <b>5602 N IKE SMITH RD</b> <b>PLANT CITY FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>JENSEN, MARK</b> <b>6209 CHAUNCEY ST</b> <b>TAMPA FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>BAKER, CAROL</b> <b>1113 N RIVERHILLS DR</b> <b>TAMPA FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>CRAMER, MELVA</b> <b>7605 NORTH 53RD STREET</b> <b>TAMPA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>Susan McNaught</b> <b>5602 N Ike Smith Rd</b> <b>Plant City, FL 33565</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>Cramer, Melva</b> <b>2902 Billingham Dr</b> <b>Land O Lakes, FL 34639</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Melva A. Cramer* **813-884-2561 x132**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Melva A. Cramer** **2/26/02**  
 Date Daytime Phone #

CR2E037 (9/01)