

**2002 UNIFORM BUSINESS REPORT (UBR)**

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

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

0079622

**DOCUMENT # N38788**  
 1. Entity Name  
**THE UNITED COMMUNITY CHURCH OF NORTH TAMPA, INC.**

Principal Place of Business Mailing Address  
 P O BOX 16142 **5602** P O BOX 16142 **Same**  
 TAMPA FL 33607-6142 **IKE SMITH RD** TAMPA FL 33607-6142  
**Plant City, FL 33565-3018**



DO NOT WRITE IN THIS SPACE

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**

4. FEI Number **59-3027227** Applied For  
 Not Applicable

Zip Country Zip Country  
**33565-3018 Hillsborough**

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 **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* DATE **3-1-02**  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>DS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Susan McNaught</b>	
STREET ADDRESS	<b>5602 N Ike Smith Rd</b>	
CITY-ST-ZIP	<b>Plant City, FL 33565</b>	
TITLE	<b>DT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Cramer, Melva</b>	
STREET ADDRESS	<b>2902 Billingham Dr</b>	
CITY-ST-ZIP	<b>Land O Lakes, FL 34639</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Melva A. Cramer* DATE **2/26/02** DAYTIME PHONE # **813-884-2561 X132**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)