

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704561

1. Entity Name

TEMPLE HEIGHTS CHRISTIAN SCHOOLS, INC.

Principal Place of Business

8406 46TH STREET
TAMPA FL 33617

Mailing Address

8406 46TH STREET
TAMPA FL 33617-6910

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

59-0872965

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERRY, ANTHONY G.
3635 WOODHILL DRIVE
TAMPA, FLORIDA
BRANDO FL 33511

7. Name and Address of New Registered Agent

Name

James H. Wigton

Street Address (P.O. Box Number is Not Acceptable)

15103 Nighthawk Drive

City

Tampa

FL

Zip Code

33625

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 P ☐ Delete
NAME WIGTON, JAMES H
STREET ADDRESS 15103 NIGHTHAWK DR
CITY-ST-ZIP TAMPA FL 33625

TITLE VP ☒ Delete
NAME MCNEAL, GARY W
STREET ADDRESS 4613 E SERENA DR
CITY-ST-ZIP TAMPA FL 33617

TITLE T ☒ Delete
NAME PERRY, ANTHONY G
STREET ADDRESS 8305 N RIVER OAKS CT
CITY-ST-ZIP TAMPA FL 33617

TITLE D ☐ Delete
NAME SANFORD, EVELYN T
STREET ADDRESS 309 W. LOUISIANA AVE
CITY-ST-ZIP TAMPA FL 33604

TITLE D ☐ Delete
NAME CLEMONS, SAMUEL D.
STREET ADDRESS 5403 BRITWELL CT
CITY-ST-ZIP TAMPA FL 33624

TITLE D ☒ Delete
NAME LINVILLE, HAROLD D
STREET ADDRESS 13106 AMBROSE PL
CITY-ST-ZIP RIVERVIEW FL 33569

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VP ☐ Change ☒ Addition
NAME Draper, Mary
STREET ADDRESS 11504 Old Hillsborough Ave.
CITY-ST-ZIP Seffner, FL 33584

TITLE T ☐ Change ☒ Addition
NAME Bailie, Clayton A.
STREET ADDRESS 27107 Sea Breeze Way
CITY-ST-ZIP Wesley Chapel, FL 33543

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

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

TITLE ☐ Change ☐ 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:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-00

813-985-9889

Date

Daytime Phone #

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90140 013 ****61.25



DO NOT WRITE IN THIS SPACE