

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704561

1. Entity Name

TEMPLE HEIGHTS CHRISTIAN SCHOOLS, INC.

Principal Place of Business

Mailing Address

8406 46TH STREET  
TAMPA FL 33617

8406 46TH STREET  
TAMPA FL 33617

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

7. Name and Address of New Registered Agent

WIGTON, JAMES H  
15103 NIGHTHAWK DRIVE  
TAMPA FL 33625

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

TITLE VP  
NAME DRAPER, MARY  
STREET ADDRESS 11504 OLD HILLSBOROUGH AVE.  
CITY-ST-ZIP SEFFNER FL 33584 ☒ Delete

TITLE T  
NAME BAILIE, CLAYTON A  
STREET ADDRESS 27107 SEA BREEZE WAY  
CITY-ST-ZIP WESLEY CHAPEL FL 33543 ☐ Delete

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE D  
NAME MCQUEARY, ROBERT  
STREET ADDRESS 23149 EAGLES WATCH DR.  
CITY-ST-ZIP LAND O' LAKES, FL 34639 ☐ Change ☒ Addition

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

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

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

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

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:

*James H Wigton* REQUIRED

1-10-02

813-985-9889

FILED  
Jan 23, 2002 8:00 am  
Secretary of State

01-23-2002 90070 013 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)