

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90026 008 \*\*\*\*61.25

0039663

**DOCUMENT # 714991**

1. Entity Name

**UNITED METHODIST RETIREMENT CENTER OF TAMPA, INC**

Principal Place of Business

Mailing Address

400 E HARRISON ST  
 TAMPA FL 33602-3444

400 E HARRISON ST  
 TAMPA FL 33602-3444

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

**59-1229023**

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

**TRAYNER, JILL**  
**1005 N. FLORIDA AVE.**  
**TAMPA FL 33602**

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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BEHNKE, ROY</b>	
STREET ADDRESS	<b>5111 ROLLING HILL CT.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33617</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WARE, EARL</b>	
STREET ADDRESS	<b>1600 S. MACDILL AVE.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33629</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ROBERTS, DALE</b>	
STREET ADDRESS	<b>2055 BEARSS AVE. W.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33618</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TRAYNER, JILL</b>	
STREET ADDRESS	<b>400 E HARRISON ST</b>	
CITY-ST-ZIP	<b>TAMPA FL 33602</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MOORE, CAROLINE</b>	
STREET ADDRESS	<b>7520 SUNIBEL CIR. S.</b>	
CITY-ST-ZIP	<b>TEMPLE TERRACE FL 33637</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jim Culp</b>	
STREET ADDRESS	<b>4519 Watrous Ave.</b>	
CITY-ST-ZIP	<b>Tampa, FL 33629</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jonelle Capitano</b>	
STREET ADDRESS	<b>807 W. Virginia Ave.</b>	
CITY-ST-ZIP	<b>Tampa FL 33603</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jim Abdoney</b>	
STREET ADDRESS	<b>4710 Tambay Ave.</b>	
CITY-ST-ZIP	<b>Tampa FL 33611</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>David Beery</b>	
STREET ADDRESS	<b>7109 Duncan Ave.</b>	
CITY-ST-ZIP	<b>Tampa FL 33604</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Joyce Williams</b>	
STREET ADDRESS	<b>1000 S. Harbour Island Blvd. #2510</b>	
CITY-ST-ZIP	<b>Tampa FL 33606</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Mary Collins</b>	
STREET ADDRESS	<b>400 E. Harrison St. #1107</b>	
CITY-ST-ZIP	<b>Tampa FL 33602</b>	

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**

001993



DO NOT WRITE IN THIS SPACE

CP2E037 (9/01)