

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90051 031 ****61.25

DOCUMENT # 714991

1. Entity Name
UNITED METHODIST RETIREMENT CENTER OF TAMPA, INC



Principal Place of Business
**400 E. HARRISON ST
TAMPA FL 33602-3444**

Mailing Address
**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

4. FEI Number **59-1229023**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	CULP, JIM	
STREET ADDRESS	4519 WATROUS AVE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAPITANO, JONELLE	
STREET ADDRESS	807 W VIRGINIA AVE	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABDONEY, JIM	
STREET ADDRESS	4710 TAMBAY AVE	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRAYNER, JILL	
STREET ADDRESS	400 E HARRISON ST	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEERY, DAVID	
STREET ADDRESS	7109 DUNCAN AVE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, JOYCE	
STREET ADDRESS	1000 S HARBOUR ISLAND BLVD # 2510	
CITY-ST-ZIP	TAMPA FL 33606	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: SIGNATURE REQUIRED 1/6/03 813 229 2791

CR2E037 (10/02)