

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

**AMENDED**


FILED

03 DEC 18 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 714991**

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



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

100021739614  
11/13/03 01015-029 #61.25

**[REDACTED]**

CHECK HERE IF MAKING CHANGES.

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

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

7. Name and Address of New Registered Agent

Name **Jim Culp**

Street Address (P.O. Box Number is Not Acceptable)  
**4519 Watrous Avenue**

City **Tampa**      FL      Zip Code **33629**

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 Jim Culp, President      *Jim Culp*      11/04/2003

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10

TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Joan Shaw</b>	
STREET ADDRESS	<b>400 E. Harrison Street, #701</b>	
CITY-ST-ZIP	<b>Tampa, Florida 33602</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Mary Collins</b>	
STREET ADDRESS	<b>400 E. Harrison Street, #1107</b>	
CITY-ST-ZIP	<b>Tampa, Florida 33602</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Theresa Ferlita</b>	
STREET ADDRESS	<b>3810 Oak Drive North</b>	
CITY-ST-ZIP	<b>Tampa, Florida 33611</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>David Isbell</b>	
STREET ADDRESS	<b>11763 Raintree Drive</b>	
CITY-ST-ZIP	<b>Temple Terrace, Florida 33617</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Janice Bingham</b>	
STREET ADDRESS	<b>2511 South Ysabel Avenue</b>	
CITY-ST-ZIP	<b>Tampa, Florida 33629</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Karen Morin</b>	
STREET ADDRESS	<b>2307 South Hale</b>	
CITY-ST-ZIP	<b>Tampa, Florida 33629</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.