

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90064 049 ****70.00

DOCUMENT # 720203

1. Entity Name

TRINITY EPISCOPAL CATHEDRAL, INC.

Principal Place of Business

Mailing Address

**464 N E 16TH ST
 MIAMI FL 33132-1220
 US**

**464 N E 16TH ST
 MIAMI FLA 33132-1220
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0838103

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KRICKBAUM, DONALD W.
 464 N.E. 16TH STREET
 MIAMI FL 33132**

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 **PD** Delete
 NAME **KRICKBAUM, DONALD W.**
 STREET ADDRESS **464 N.E. 16TH STREET**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **CONSOLO, PHILIP**
 STREET ADDRESS **15310 DUNBARTON PL**
 CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE **VP** Change Addition
 NAME **Macaya, Alfredo**
 STREET ADDRESS **152 NE 44 Street**
 CITY-ST-ZIP **Miami FL 33137**

TITLE **TD** Delete
 NAME **LEE, ANNE S**
 STREET ADDRESS **519 LORETTO AVE.**
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **MACAYA, ALFREDO**
 STREET ADDRESS **152 NE 44 ST.**
 CITY-ST-ZIP **MIAMI FL 33137**

TITLE **VD** Change Addition
 NAME **Roberts, Phillip W.**
 STREET ADDRESS **2130 SW 22 Terrace**
 CITY-ST-ZIP **Miami FL 33145-3513**

TITLE **S** Delete
 NAME **GOTER, CURT**
 STREET ADDRESS **20 ISLAND AVE. 203**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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: *Donald W. Krickbaum* **Donald W. Krickbaum, Dean. March 1, 2000, 305-374-3372**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)