2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 17, 2001 8:00 am
Secretary of State
08-17-2001 90004 011 ****61.25

0011780

DOCUMENT # 735415

1. Entity Name

TAMPA UNITED METHODIST CENTERS, INC.

Principal Place of Business	Mailing Address
2801 N. 17TH STREET PO BOX 5746 TAMPA FL 33605 US	P. O. BOX 5746 PO BOX 5746 TAMPA FL 33675 US

A0001839

DO NOT WRITE IN THIS SPACE

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 59-0638509 ☐ 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
JONES, LOUIS 2801 17TH STREET NORTH TAMPA FL 33605	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
After September 12, 2001, min. will be $236.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LOPER, JAMES B. 704 W. BAY ST TAMPA FL 33606	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Tyson, Chandra 1315 Spruce Street Tampa, Florida 33607	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HARVEY, CHARLES 3301 BAYSHORE BLVD. UNIT 1002 TAMPA FL 33629	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ROBINSON, ROY 2100 E 26TH AVE. TAMPA FL 33605	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD McGill, Katie 305 S. Hyde Park Avenue Tampa, Florida 33606	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BENNETT, TIM 9417 PRINCESS PALM AVE, #575 TAMPA FL 33619	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BENNET, TIM 6604 Harney Road Tampa, Florida 33606	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/01)

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 08/09/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #