2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **755607** Mar 04, 2000 8:00 am 1. Entity Name Secretary of State NORTH TAMPA LIFE ENRICHMENT CENTER FOR SENIOR CI 03-04-2000 90116 011 ****61.25 Principal Place of Business Mailing Address 9704 NORTH BOULEVARD 9704 NORTH BOULEVARD TAMPA FL 33612-7846 **TAMPA FL 33612** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2108128 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>Delphine A.</u> Baker Street Address (P.O. Box Number is Not Acceptable) 9509 North Dartmouth Avenue COOK, REBA F 8203 BROWARD PLACE TAMPA FL 33637-7901 33612-7805 Tampa 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. 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to FILE NOW: Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition X Delete TITLE TIT! F Mőbérg, Mark NAME NAME woei, Jeffery STREET ADDRESS 3837 NORTHDALE BLVD #112 3347 Westshore Blvd, South STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Tampa, Florida TAMPA FL X Change ☐ Addition TITLE TITLE ☐ Delete V MOBERG, MARK NAME NAME Bubley, Martin STREET ADDRESS 4830 WEST KENNEDY BLVD STREET ADDRESS 3820 Northdale Blvd CITY_ST-ZIP, CITY-ST-ZIP Tampa Fl. ---Tampa, Florida 33624 Addition TITLE **™** Delete TITLE NAME reeher, James NAME Čox, Elizabeth STREET ADDRESS STREET ADDRESS 904 WEST LINEBAUGH 16606 Windsor Park Drive CITY-ST-7IP CITY-ST-ZIF TAMPA FL 33612 Tampa, Florida 33547 ☐ Addition ST ☐ Delete TITLE HEYWOOD, TURNER A NAME STREET ADDRESS STREET ADDRESS 11108 CARROLLWOOD DR CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Delete TITLE Change ☐ Addition TITLE NAME DELOTTO, JAY STREET ADDRESS STREET ADDRESS 924 E BUSCH BLVD CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Delete TITLE Change ☐ Addition NAME FAR COOK, REBA NAME STREET ADDRESS **8203 BROWARD PLACE** 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.

CITY-ST-ZIP

TEMPLE TERRACE FL