

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90417 004 ****70.00

DOCUMENT # 765447

1. Entity Name

THE ANGLICAN CATHOLIC CHURCH OF SAINT MARY THE V

Principal Place of Business

Mailing Address

103 W. HENRY AVENUE
TAMPA FL 33604

103 W. HENRY AVENUE
TAMPA FL 33604-6915

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 **59-2227029**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

ROWE, MARK FR
103 W. HENRY AVENUE
TAMPA FL 33604

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:
SEE 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	DS	<input type="checkbox"/> Delete
NAME	FRIEDENBERG, JUANITA	
STREET ADDRESS	16138 SAGEBRUSH RD	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BODINE, JEFF	
STREET ADDRESS	5916 N HIGHLAND AVE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CROCKER, CLEGG	
STREET ADDRESS	750 126TH AVE	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	CPD	<input type="checkbox"/> Delete
NAME	ROWE, MARK FR	
STREET ADDRESS	209 W HENRY AVE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	D	<input type="checkbox"/> Delete
NAME	POLLACK, DOUGLAS	
STREET ADDRESS	2405 N WILDER LOOP	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHAH, NATALIE	
STREET ADDRESS	8606 W FRANKLIN RD	
CITY-ST-ZIP	PLANT CITY FL 33565	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL SHARBACH	
STREET ADDRESS	2917 E. CRAWFORD ST	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORNE KUFFEL	
STREET ADDRESS	4110 NORTHMEADOW CIRCLE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRAN GREEN	
STREET ADDRESS	103 W. HENRY AVE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	CPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWE, MARK FR	
STREET ADDRESS	13943 FETTERS MILL RD	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLOCK, DOUGLAS	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIS/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDENBERG, JUANITA	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE OF REGISTERED AGENT: MARK ROWE + 04/16/2000 237-0878

CR2E037 (9/99)