

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 767193

FILED  
Jan 06, 2003  
Secretary of State

**Entity Name:** UNITED CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

6709 RIDGE ROAD  
SUITE 107  
PORT RICHEY, FL 34668 US

**New Principal Place of Business:**

**Current Mailing Address:**

6709 RIDGE ROAD  
SUITE 107  
PORT RICHEY, FL 34668 US

**New Mailing Address:**

**FEI Number:** 59-2278767

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANGEL, JERROLD  
6709 RIDGE ROAD  
PORT RICHEY, FL 34668 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D, T ( ) Delete  
Name: BELLANTE, THOMAS  
Address: 14705 CROYDON PLACE  
City-St-Zip: TAMPA, FL 33512

Title: D, S ( ) Delete  
Name: PARRIS, DAVID  
Address: 8211 BRENT STREET, #825  
City-St-Zip: PORT RICHEY, FL 34686124

Title: D, P ( ) Delete  
Name: ANGEL, JERROLD  
Address: 879 PINEWOOD TERRACE WEST  
City-St-Zip: PALM HARBOR, FL 34683

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D, S (X) Change ( ) Addition  
Name: PARRIS, DAVID  
Address: 5441 MANATEE POINT DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERROLD ANGEL

D, P

01/06/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date