

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90125 005 ****61.25

DOCUMENT # 769708

1. Entity Name

THE EPISCOPAL CONFERENCE CENTER, DIOCESE OF SOUT

Principal Place of Business

Mailing Address

P. O. BOX 661
 ELLENTON FL 34222

P. O. BOX 661
 ELLENTON FL 34222-0661

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2629809**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COX, JAMES N
8411 25TH ST. E.
PARRISH FL 34219

Name **GLENN E. SCHATZBERG**
 Street Address (P.O. Box Number is Not Acceptable) **8411 25TH STREET E.**
~~PARRISH, FL 34219~~
 City **PARRISH, FL** Zip Code **FL 34219**

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

[Handwritten Signature]

GLENN E. SCHATZBERG

1-12-2000

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	D	<input type="checkbox"/> Delete
NAME	KLINE, MICHAEL H	
STREET ADDRESS	10297 MONARCH DR	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARDING, LUCY T	
STREET ADDRESS	9298 SUN ISLE DR NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRINGTON, LARRY O	
STREET ADDRESS	20053 PRINCESS LANE	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	V	<input type="checkbox"/> Delete
NAME	PATTERSON, KAREN MRS	
STREET ADDRESS	12525 GREEN OAK LANE	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	MD	<input checked="" type="checkbox"/> Delete
NAME	COX, JIM	
STREET ADDRESS	8411 25TH ST E	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENLEY, EDWARD J	
STREET ADDRESS	13335 CASEY RD	
CITY-ST-ZIP	TAMPA FL 33624	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIPSCOMB, JOHN B	
STREET ADDRESS	3902 71ST STREET EAST	
CITY-ST-ZIP	PALMETTO, FL	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S/T GLENN E. SCHATZBERG	
STREET ADDRESS	6034 GREENHILL PLACE	
CITY-ST-ZIP	TAMPA, FL 33617	

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:

[Handwritten Signature] **GLENN E. SCHATZBERG** 1-12-2000 941 716-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #