

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
 04-22-2002 90311 041 ****61.25

DOCUMENT # N00000004191

1. Entity Name

RESTORATION MINISTRIES OF TAMPA BAY, INC.

Principal Place of Business

Mailing Address

**5080 97TH TERR. NORTH
 PINELLAS PARK FL 33782**

**5080 97TH TERR. NORTH
 PINELLAS PARK FL 33782**

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

59-3650877

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

**MAULE, LAWRENCE M JR.
 5080-97TH TERRADE NORTH
 PINELLAS PARK FL 33782**

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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP	D MAULE, LAWRENCE M JR. 5080 97TH TERR. NORTH PINELLAS PARK FL 33782	NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	D MCDANIEL, ANTHONY 12097 CROFT DR. LARGO FL 33774	NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, BRIAN 6400 46TH AVE. NORTH, UNIT 73 KENNETH CITY FL 33709	NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	D BUSWELL, SUSAN 1832 VILLA DR., APT 12 CLEARWATER FL 33760	NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

LAWRENCE M. MAULE JR.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/02 727-546-4106

CR2E037 (9/01)