

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90047 015 *****70.00

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1. Entity Name

**UNIVERSITY COMMUNITY OUTREACH CHRISTIAN CENTER I
NC.**



Principal Place of Business
**1306 MOUNTAIN VIEW DR.
TAMPA FL 33612**

Mailing Address
**1306 MOUNTAIN VIEW DR.
TAMPA FL 33612**

11027139



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **56-3717606**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FRANK, RODNEY JR.
1306 MOUNTAIN VIEW DR.
TAMPA FL 33612**

Name

N/A

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

N/A

City

N/A

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

N/A

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D MCALPHIN, INEZ	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1890 N BETTY LANE #B CLEARWATER FL 33755	
TITLE NAME	VCD COOK, RODNEY	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	12503 TINSLEY CIRCLE #303-5 TAMPA FL 33612	
TITLE NAME	DT YVONNE, FRANK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1306 MOUNTAIN VIEW DRIVE TAMPA FL 33612	
TITLE NAME	SD HORACE, CLARENCE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	14408 LENORE COURT #D-12 TAMPA FL 33613	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	DT YOLANDA BRANSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	2559 SEAFORD CIRCLE TAMPA FL 33613	
TITLE NAME	SD VALARIE COOK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	12503 TINSLEY CIR #303 TAMPA, FLORIDA 33612	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED

4-8-03 (813) 631-9023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)