

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01706

1. Entity Name

TAMPA BAPTIST ACADEMY FOUNDATION, INCORPORATED

Principal Place of Business

Mailing Address

%J. JAMES HARTLEY
300 SLIGH AVENUE EAST
TAMPA FL 33604

%J. JAMES HARTLEY
300 SLIGH AVENUE EAST
TAMPA FL 33604-5543

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

59-2450485

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

J. JAMES HARTLEY
9618 SPRINGBROOK DR
RIVERVIEW FL

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BRANNON, TRICIA	
STREET ADDRESS	4907 N. FLORIDA AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DONAHEY, RON	
STREET ADDRESS	3314 EHRlich	
CITY-ST-ZIP	TAMPA FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HARTLEY, JAMES	
STREET ADDRESS	9618 SPRINGBROOK DRIVE	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	SANDERS, WILLIAM	
STREET ADDRESS	11207 CARROLLWOOD DRIVE	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LLOYD, HERBERT	
STREET ADDRESS	18719 GERACI, RD.	
CITY-ST-ZIP	LUTZ FL	
TITLE		<input type="checkbox"/> Delete
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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90095 013 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

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