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

## Jan 13, 2003 8:00 am Secretary of State DOCUMENT # N02000004216 1. Entity Name 01-13-2003 90665 049 \*\*\*\*61.25 TAMPA CHRISTIAN COMMUNITY SCHOOL, INC. Principal Place of Business Mailing Address 13320 LAKE MAGDALENE BLVD. P.O. BOX 341193 TAMPA FL 33618 TAMPA FL 33694-1193 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 03-0436238 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SULLIVAN, STEPHEN C ESQ. Street Address (P.O. Box Number is Not Acceptable) HINES NORMAN HINES & SULLIVAN P.L. 315 SOUTH HYDE PARK AVENUE TAMPA FL 33606 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. D Secretory BUTTERLY, GEORGE TITLE Delete TITLE D-President ☐ Change **X** Addition NAME Melissa Walker STREET ADDRESS 602 WARREN RD. 5305 Bradbury Court STREET ADDRESS CITY-ST-ZIP **LUTZ FL 33548** CITY-ST-ZIP DD E ☐ Delete TITLE ☐ Change Addition MAYER, MATTHEW NAME NAME 3317-MORAN RD. STREET ADDRESS STREET ADDRESS > CITY-ST-ZIP TAMPA FL 33618 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition WAUGH, ADAM NAME NAME STREET ADDRESS 1704 W. FORE DR. STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33612** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition ENGETA, JOANN NAME NAME 5512 DARK STAR LOOP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESLEY CHAPEL FL 33544 CITY-ST-ZIP D-Treasurer Delete TITLE ☐ Change ☐ Addition SMITH, TRACY NAME NAME STREET ADDRESS 1607 N. 51ST ST. STREET ADDRESS CITY-ST-ZIP TEMPLE TERRACE FL 33617 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

MAYER, LUISA

**TAMPA FL 33618** 

13528 WESTSHIRE DR.

☐ Addition

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FILED