

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06475

1. Entity Name

THE TAMPA FLORIDA, SOUTH UNIT, COMPANY OF JEHOVA

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90104 027 ****61.25

Principal Place of Business	Mailing Address
%ROBERT R. MACKEY 3608 EUCLID AVENUE TAMPA FL 33629	%ROBERT R. MACKEY 3608 EUCLID AVENUE TAMPA FL 33629-8742

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	Applied For
59-2660436	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MACKEY, ROBERT R. 3608 EUCLID AVENUE TAMPA FL 33629

7. Name and Address of New Registered Agent
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	
TITLE	PD
NAME	MACKEY, ROBERT R.
STREET ADDRESS	3608 EUCLID AVENUE
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	STEVEN L. DAVIS
STREET ADDRESS	2314 BRISTOL AVE
CITY-ST-ZIP	TAMPA FL 33609-4704
TITLE	D
NAME	CREMATA, SAMUEL
STREET ADDRESS	3315 W. SEVILLA CIRCLE
CITY-ST-ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	<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:

Steven L. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-2000

Date

813-251-0206

Daytime Phone #

CR2E037 (9/99)