2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **N09577** Feb 20, 2000 8:00 am **Secretary of State** TAMPA BAY CHRISTIAN CENTER, INC. 02-20-2000 90011 047 ****61.25 Principal Place of Business Mailing Address * DAVID K BLOMGREN. delete -DAVID K-BLOMEREN deloto 3920 S. KINGS AVENUE 3920 S. KINGS AVENUE BRANDON FL 33511 BRANDON FL 33511-7749 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2471118 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name <u>Kent G.</u> Davis Street Address (P.O. Box Number is Not Acceptable) BLOMGREN, DAVID K. <u> 3920 S. Kings Avenue</u> 3920 S. KINGS AVENUE 99.22 **BRANDON FL 33511** 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. SIGNATURE G. Davis 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition Delete TITLE TITLE BLOMGREN, DAVID K. NAME NAME STREET ADDRESS STREET ADDRESS 1316 PEACHFIELD DRIVE CITY-ST-ZIP CITY-ST-7IP VALRICO FL 2/0 Addition Change Change TITLE TITLE STD ☐ Delete Davis, Kent G. DAVIS, KENT NAME NAME STREET ADDRESS C/O 3920 S. Kings Ave. STREET ADDRESS 3915 ALAFIA RD. CITY-ST-ZIP CITY-ST-ZIF BRANDON FL Brandon, FL 33511 ☐ Change ☐ Addition 🗶 Delete TITLE TITLE HELDRETH, JAMES R NAME STREET ADDRESS STREET ADDRESS 3807 POLUMBO DRIVE CITY-ST-7IP CITY-ST-ZIF Valrico FL v/p Change Addition ۷D ☐ Delete TITLE DAVIS. D S NAME Davis, Dale Sr. STREET ADDRESS C/O 3920 S. Kings Ave. STREET ADDRESS 3880 KINGS AVE CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL 33511** Brandon, FL 33511 Addition Delete S/T/D ☐ Change TITLE NAME DeSerio, Alan STREET ADDRESS STREET ADDRESS C/O 3920 S. Kings Ave. CITY-ST-ZIP CITY-ST-ZIP Brandon, FL 33511 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (313) 689-9497

with all other like empowered

changed, or on an attachment with an addre

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