

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90003 041 \*\*\*\*61.25

**DOCUMENT # N09577**

1. Entity Name

**TAMPA BAY CHRISTIAN CENTER, INC.**

Principal Place of Business

~~% DAVID K BLOMGREN~~  
 3920 S. KINGS AVENUE  
 BRANDON FL 33511

*delete*

Mailing Address

~~% DAVID K BLOMGREN~~  
 3920 S. KINGS AVENUE  
 BRANDON FL 33511

*delete*

U B R I U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*c/o Kent G Davis*  
 Suite, Apt. #, etc.  
*3920 S Kings AVE*

3. Mailing Address

*c/o Kent G Davis*  
 Suite, Apt. #, etc.  
*3920 S. Kings AVE*

City & State  
*Brandon FL*

City & State  
*Brandon FL*

4. FEI Number  
**59-2471118**

Applied For  
 Not Applicable

Zip  
*33511* Country  
*USA*

Zip  
*33511* Country  
*USA*

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

**DAVIS, KENT G**  
**3920 S. KINGS AVENUE**  
**BRANDON FL 33511**

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: *Kent G Davis* **Kent G. Davis, Pres.** **4-30-01**  
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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>DESERIO, ALAN</b> <b>C/O 3920 S KINGS AVE</b> <b>BRANDON FL 33511</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>DAVIS, KENT</b> <b>C/O 3920 S KINGS AVE</b> <b>BRANDON FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>DAVIS, DALE SR</b> <b>C/O 3920 S KINGS AVE</b> <b>BRANDON FL 33511</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Kent G Davis* **Kent G. Davis, Pres.** **4-30-01 (813) 689-9497**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)