

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19089

1. Entity Name

GRACE EVANGELICAL CHURCH OF TAMPA, INC.

Principal Place of Business

1420 N. FLORIDA AVENUE  
TAMPA FL 33602  
US

Mailing Address

8102 STONEFIELD WAY  
TAMPA FL 33635

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

59-2775205

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

POINTER, DAVID M  
8102 STONEFIELD WAY  
TAMPA FL 38635

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 POINTER, DAVID M.  
STREET ADDRESS 8102 STONEFIELD WAY  
CITY-ST-ZIP TAMPA FL 33635 ☐ Delete

TITLE VD  
NAME POINTER, JO ANN  
STREET ADDRESS 8102 STONEFIELD WAY  
CITY-ST-ZIP TAMPA FL 33635 ☐ Delete

TITLE STD  
NAME BOTTOMLEY, JOHN R  
STREET ADDRESS 1580 BRIDGEWATER LN  
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE D  
NAME BLACKMAN, JAMES R  
STREET ADDRESS 3216 KING RICHARD CT  
CITY-ST-ZIP SEFFNER FL 33584 ☐ Delete

TITLE D  
NAME POINTER, JONATHAN A  
STREET ADDRESS 8106 STONE FIELD WAY  
CITY-ST-ZIP TAMPA FL 33635 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 line empowered.

SIGNATURE:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/01

Date

813-273-6649

Daytime Phone #

CR2E037 (10/00)

0060424

FILED  
Jan 22, 2001 8:00 am  
Secretary of State

01-22-2001 90105 030 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE