

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19241

1. Entity Name

GRACE OUTREACH: DOWNTOWN, INC.

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

05-31-2000 90031 016 ****61.25

Principal Place of Business

Mailing Address

5545 62ND AVE., NORTH
PINELLAS PARK FL 34665

5545 62ND AVE., NORTH
PINELLAS PARK FL 33781-5524

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

59-2855811

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

CHASE, JAMES A.
4601 16TH AVE., NORTH
ST. PETERSBURG FL 34665

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	CHASE, JAMES A.	4601 16TH AVE., NORTH	ST. PETERSBURG FL					<input type="checkbox"/>	<input type="checkbox"/>
VD	KELLEY, TIMOTHY J.	5545 62ND AVE., NORTH	PINELLAS PARK FL					<input type="checkbox"/>	<input type="checkbox"/>
STD	BALDWIN, MOSES	2501 57TH PLACE., NORTH	ST. PETERSBURG FL					<input type="checkbox"/>	<input type="checkbox"/>
T	WILLIAMS, TED	5793 73RD ST., NORTH	ST. PETERSBURG FL					<input type="checkbox"/>	<input type="checkbox"/>
T	FOSTER, DAN	402 11TH AVE., NO.	ST. PETERSBURG FL					<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>

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 exemption.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05/18/00

821-0664

CR2E037 (9/99)