

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22072

1. Entity Name

ST. MATTHEWS BAPTIST CHILD DEVELOPMENT CENTER, I

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90062 040 ****61.25

Principal Place of Business

3716 LAKE AVE EAST
TAMPA FL 33610
US

Mailing Address

3716 LAKE AVE EAST
TAMPA FL 33610-8027
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2854655

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SHEDRICK, DAVID
4910 84TH STREET
TAMPA FL 33619

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

David Shedrick

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-4-2000

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 D ☐ Delete
NAME ROWE, TAYLOR
STREET ADDRESS 3608 E MCBERRY
CITY-ST-ZIP TAMPA FL

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

TITLE SD ☐ Delete
NAME MARSHALL, CONSTANCE
STREET ADDRESS 3621 E. NORTH STREET
CITY-ST-ZIP TAMPA, FL 33610

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

TITLE TD ☐ Delete
NAME HARRIS, CLIFFORD
STREET ADDRESS 3206 E. GIDDEN AVENUE
CITY-ST-ZIP TAMPA, FL 33610

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

TITLE D ☐ Delete
NAME SHEDRICK, DAVID
STREET ADDRESS 4910 84TH STREET
CITY-ST-ZIP TAMPA, FL 33619

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

TITLE D ☐ Delete
NAME WALKER SR., DAVID
STREET ADDRESS 3006 E. 33RD AVENUE
CITY-ST-ZIP TAMPA, FL 33610

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

TITLE D ☐ Delete
NAME HINES, ANTONIO
STREET ADDRESS 12062 STONE CROSSING CIR
CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ 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:

David Shedrick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-2000

Date

813-6215038

Daytime Phone #

CR2E037 (9/99)