

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90164 011 \*\*\*\*61.25

DOCUMENT # *N30379*

1. Entity Name *Highland Avenue Church of Christ, Incorporated*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*2800 N. Highland Avenue*

Suite, Apt. #, etc.

3. Mailing Address

*P.O. Box 75436*

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*Tampa, Florida*

City & State

*Tampa, Florida 33675*

4. FEI Number

*59-3002528*

Applied For

Not Applicable

Zip

*33602*

Country

*U.S.A*

Zip

*33675*

Country

*U.S.A*

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*ORUM TRONE JR*

Street Address (P.O. Box Number is Not Acceptable)

*1253 CORD GRASS CT.*

City

*WESLEY CHAPEL,*

**FL**

Zip Code

*33543*

**DO NOT WRITE  
IN THIS SPACE**

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

*Orum Trone Jr.*

*ORUM TRONE JR.*

*FEB. 27, 2002*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**

**Initial or Amended UBR**

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

NAME

STREET ADDRESS

CITY-ST-ZIP

*TD  
Otis J. Colbert Sr.  
1510 E. 28th Street  
Tampa, Florida*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*D  
ANTHONY CARSWELL  
6208 GONDOLA  
RIVERVIEW, FLORIDA 33569*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*PD  
Orum L. Trone Jr.  
1253 Cord Grass Court  
Wesley Chapel, Florida 33543*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*DS  
Clarence Bess  
3204 N. 44th Street  
Tampa, Florida*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*D  
Joe Lowe  
211 West Gladys  
Tampa, Florida*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*D  
Charles Duncan Sr.  
805 West Park Avenue  
Tampa, Florida 33602*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Orum Trone Jr. - ORUM TRONE*

*FEB. 27, 2002 813-991-0062*

CR2E037B (12/01)