

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42959

1. Entity Name

MIGHTY-MITE UNITED CHRISTIAN DONATION CENTERS, I

Principal Place of Business

Mailing Address

13710 49HSTN
CLEARWATER FL 33762
US

13710 49HSTN
CLEARWATER FL 33762
US

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

59-3059997

Applied For

Not Applied

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

DOWNES, H. COLLINGS
13710 49TH ST N
CLEARWATER FL 30762

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 D
NAME DOWNES, DEBORAH
STREET ADDRESS 13710 49TH ST N
CITY-ST-ZIP CLEARWATER FL 33762 ☐ Delete

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

TITLE D
NAME DOWNES, H COLLINGS
STREET ADDRESS 13710 49TH ST N
CITY-ST-ZIP CLEARWATER FL 33762 ☐ Delete

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

TITLE D
NAME MITCHAM, LUPE V.
STREET ADDRESS 1507 BAYSHORE BLVD.
CITY-ST-ZIP TAMPA FL ☐ Delete

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

TITLE D
NAME MANDORE, JANICE
STREET ADDRESS 137 CHPPAWA
CITY-ST-ZIP TAMPA FL ☐ Delete

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

TITLE D
NAME MANDESE, VINCE
STREET ADDRESS 137 CHIPPEWA
CITY-ST-ZIP TAMPA FL ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90064 027 ****61.25



DO NOT WRITE IN THIS SPACE

Collings Downes 2-1-00 727 5711