

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49641

1. Entity Name

THE TAMPA FLORIDA, WEST UNIT, CONGREGATION OF JE

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90113 047 ****61.25

Principal Place of Business

Mailing Address

P O BOX 15803
TAMPA FL 33684
US

P O BOX 15803
TAMPA FL 33684-5803
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1840424

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

ERWIN, JOHN R
1708 S ALEXANDER RD
TAMPA FL 33603

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 DP ☐ Delete
NAME ERWIN, JOHN R
STREET ADDRESS 1708 S ALEXANDER RD
CITY-ST-ZIP TAMPA FL 33603

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

TITLE DS ☒ Delete
NAME ERWIN, PHILIP A
STREET ADDRESS 1708 S ALEXANDER RD
CITY-ST-ZIP TAMPA FL 33603-1525

TITLE DS ☒ Change ☐ Addition
NAME McNeal, Willie
STREET ADDRESS 4219 W Arch St
CITY-ST-ZIP Tampa FL 33607

TITLE DV ☒ Delete
NAME THOMPSON, MICHAEL
STREET ADDRESS 4008 W LAUREL ST
CITY-ST-ZIP TAMPA FL 33607

TITLE DV ☒ Change ☐ Addition
NAME Sekela, Vasil
STREET ADDRESS 3448 Hunters Run Ln
CITY-ST-ZIP Tampa FL 33614

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *John R Erwin* **REQUIRED** John R Erwin 2/28/2000 813-877-3618

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)