

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000987

1. Entity Name

THE WESTVIEW CHURCH, A FLORIDA NOT-FOR-PROFIT CO

Principal Place of Business

5251 EHRlich RD
TAMPA FL 33624
US

Mailing Address

5251 EHRlich RD
TAMPA FL 33624-2042
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

59-3000855

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

HARRIS, THOMAS M ESQ
HARRIS, BARRET, MANN & DEW
150 2ND AVE. N., SUITE 150909
ST. PETERSBURG FL 33701

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 PD
NAME PREISER, DON
STREET ADDRESS 16605 SILVERHILL DRIVE
CITY-ST-ZIP TAMPA FL ☐ Delete

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

TITLE VD
NAME KEENER, RON
STREET ADDRESS 4311 ROUND LAKE CT
CITY-ST-ZIP TAMPA FL ☒ Delete

TITLE VD
NAME McCatty, Mark
STREET ADDRESS 16611 Calico Place
CITY-ST-ZIP Tampa, FL 33618 ☒ Change ☒ Addition

TITLE TD
NAME DIAZ, ARNIE
STREET ADDRESS 30 WINDRUSH CT
CITY-ST-ZIP OLDSMAR FL ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90030 007 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)