

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N93000000987****1. Entity Name****THE WESTVIEW CHURCH, A FLORIDA NOT-FOR-PROFIT CORPORAT  
ION****Principal Place of Business**

5251 EHRlich RD

TAMPA

33624

FL

US

**Mailing Address**

5251 EHRlich RD

TAMPA

33624

FL

US

**2. Principal Place of Business**

10619 HENDERSON RD.

**3. Mailing Address**

P.O. BOX 340512

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

TAMPA

FL

**City & State**

TAMPA

FL

**4. FEI Number****59-3000855****Applied For****Not Applicable**

Zip

33625

Country

US

Zip

33694

Country

US

**5. Certificate of Status Desired**☐**\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent**

HARRIS THOMAS MESQ

HARRIS, BARRET, MANN &amp; DEW

150 2ND AVE. N., SUITE 150909

ST. PETERSBURG

33701

FL

US

**7. Name and Address of New Registered Agent**

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 reinstalling)

**05/01/2001**

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**

TITLE	TD	<input type="checkbox"/> Delete
NAME	DIAZ ARNIE	
STREET ADDRESS	30 WINDRUSH CT	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCCATTY MARK	
STREET ADDRESS	16611 CALICO PLACE	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PREISER DON	
STREET ADDRESS	16605 SILVERHILL DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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:**

DON PREISER

PD

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)