

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90096 028 \*\*\*\*61.25

**DOCUMENT # N93000002713**

1. Entity Name

**CHAPLAINS IN THE WORKPLACE, INC.**

Principal Place of Business

2053 75TH WAY N  
 ST PETERSBURG FL 33710  
 US

Mailing Address

2053 75TH WAY NORTH  
 ST. PETERSBURG FL 33710

01100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3188210**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOORE, SHIELDS E**  
 2053 75TH WAY NORTH  
 ST. PETERSBURG FL 33710

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**  Delete  
 NAME **MOORE, SHIELDS E**  
 STREET ADDRESS **2053 75 WAY N**  
 CITY-ST-ZIP **ST PETERSBURG FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **PRICE, ANNE C**  
 STREET ADDRESS **7998 3 AVE S**  
 CITY-ST-ZIP **ST PETERSBURG FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **CBM**  Delete  
 NAME **HAAR, ROBERT T**  
 STREET ADDRESS **6810 13 AVE N**  
 CITY-ST-ZIP **ST PETERSBURG FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **BMD**  Delete  
 NAME **HESS, C. C.**  
 STREET ADDRESS **1815 SAILFISH ROAD**  
 CITY-ST-ZIP **SOUTH PASADENA FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **BMB CBM**  Delete  
 NAME **LUSKEY, MICHAEL**  
 STREET ADDRESS **4007 KENSINGTON AVENUE**  
 CITY-ST-ZIP **TAMPA FL**

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:

*Shields E Moore*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)