

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N93000003471**

1. Entity Name

**ST. CECILIA'S EPISCOPAL CHURCH, INC.**

Principal Place of Business

**1920 SOUTH MAYDELL DRIVE  
TAMPA FL**

Mailing Address

**1920 SOUTH MAYDELL DRIVE  
TAMPA FL 33619-5408  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BREWER, FLOYD W REV  
601 S MANHATTAN AVE  
TAMPA FL 33609**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	GINGRICH, RICHARD	1617 VINCENNES DR	SUIN CITY FL 33573	<input checked="" type="checkbox"/>
D	MARSH, ANDREW	333 HOLLOWTREE DR	SEITNWER FL 33584	<input type="checkbox"/>
S/O	LINIHAN, SCARLETT	3440 GALLAGHER RD	DOVER FL 33527	<input type="checkbox"/>
D	YATES, ROBERT	2110 GOLFVIEW DR N	PLANTCITY FL 33567	<input type="checkbox"/>
T/D	CARMAN, GENE	215 OKLAWAHA DR	RIVERVIEW FL 33569	<input type="checkbox"/>
D	SMITH, LINDA	1009 SOUTH 48TH STREET	TAMPA FL 33619	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	JUDY KOLORIK	3101 CREEK GROVE CT	BRANDON, FL 33511	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	SCOTT REINOTAS	1006 48 ST. S.	TAMPA, FL 33619	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90021 042 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3198376** Applied For ☐ Not Applicable ☐5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

CRPF037 (9/99)