

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90027 011 ****61.25

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
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

59-3198376

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

~~COX, JIM REV~~ **LARRY COLE**
**1920 MAYDELL
TAMPA FL 33619**

Name **LARRY COLE**

Street Address (P.O. Box Number is Not Acceptable)

12500 MC MULLEN LOOP #351

City **RIVERVIEW**

FL

Zip Code **33569**

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 **KOLORIK, JUDY**
STREET ADDRESS **3101 CREEK GROVE CT**
CITY-ST-ZIP **BRANDON FL 33511**

TITLE **D** ☐ Change ☒ Addition
NAME **GORDON MCINTYRE**
STREET ADDRESS **4171 S. 10TH AVE**
CITY-ST-ZIP **TAMPA, FL 33619**

TITLE **D** ☒ Delete
NAME **LLOYD, ANDREA**
STREET ADDRESS **312 GLENDALE DRIVE**
CITY-ST-ZIP **BRANDON FL 33511**

TITLE **D** ☐ Change ☒ Addition
NAME **ANNA VALLERY**
STREET ADDRESS **6001 20TH AVE S.**
CITY-ST-ZIP **TAMPA, FL 33619**

TITLE **SD** ☒ Delete
NAME **LIHIAN, SCARLETT**
STREET ADDRESS **3440 GALLAGHER RD**
CITY-ST-ZIP **DOVER FL 33527**

TITLE **D** ☐ Change ☒ Addition
NAME **LARRY COLE**
STREET ADDRESS **12500 MC MULLEN LOOP #351**
CITY-ST-ZIP **RIVERVIEW, FL 33569**

TITLE **D** ☐ Delete
NAME **YATES, ROBERT**
STREET ADDRESS **2110 GOLFVIEW DR N**
CITY-ST-ZIP **PLANTCITY FL 33567**

TITLE **D** ☐ Change ☒ Addition
NAME **MICHAEL LANDRY**
STREET ADDRESS **2136 RIDGEMORE DR**
CITY-ST-ZIP **VALRICO, FL 33594**

TITLE **TD** ☐ Delete
NAME **CARMAN, GENE**
STREET ADDRESS **215 OKLAWAHA DR**
CITY-ST-ZIP **RIVERVIEW FL 33569**

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

TITLE **D** ☒ Delete
NAME **KEINOTAS, SCOTT**
STREET ADDRESS **1006 48 ST S**
CITY-ST-ZIP **TAMPA FL 33619**

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: P. COLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/02 (813) 626-5868

CR2E037 (9/01)