

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90004 025 \*\*\*\*61.25

**DOCUMENT # N93000003547**

1. Entity Name

**THE TRADITIONAL EPISCOPAL CHURCH, INC.**

Principal Place of Business

Mailing Address

20253 TWIN OAKS RD  
 SPRING HILL FL 34610  
 US

20253 TWIN OAKS RD  
 SPRING HILL FL 34610-7446  
 US

80013626



DO NOT WRITE IN THIS SPACE

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

59-3197879

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

**MELLI, R. G.**  
**20253 TWIN OAKS ROAD**  
**SPRING HILL FL 34610**

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 **TD**  Delete
- NAME **HARRISON, G.T.**
- STREET ADDRESS **705 HOLLY DRIVE N.**
- CITY-ST-ZIP **ANNAPOLIS MD**
- TITLE **VD**  Delete
- NAME **CAPUTO, PETER**
- STREET ADDRESS **P.O. BOX 380 N/A**
- CITY-ST-ZIP **CROWNSVILLE MD**
- TITLE **SD**  Delete
- NAME **KNIGHT DAVID**
- STREET ADDRESS **1004 YORK LANE**
- CITY-ST-ZIP **ANNAPOLIS MD**
- TITLE **CD**  Delete
- NAME **MELLI, R.G.**
- STREET ADDRESS **RT 4 BOX 1235 HWY 19**
- CITY-ST-ZIP **PALATKA FL 32177**
- TITLE  Delete
- NAME
- STREET ADDRESS
- CITY-ST-ZIP
- TITLE  Delete
- NAME
- STREET ADDRESS
- CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

- TITLE  Change  Addition
- NAME
- STREET ADDRESS
- CITY-ST-ZIP
- TITLE **VD**  Change  Addition
- NAME **McDowell, Gilbert**
- STREET ADDRESS **105 Rosewood Drive**
- CITY-ST-ZIP **Palm Harbor, FL 34685**
- TITLE  Change  Addition
- NAME
- STREET ADDRESS
- CITY-ST-ZIP
- TITLE  Change  Addition
- NAME
- STREET ADDRESS
- CITY-ST-ZIP
- TITLE **D**  Change  Addition
- NAME **Clark, George**
- STREET ADDRESS **105 S. Cherry Grove Ave.**
- CITY-ST-ZIP **Annapolis, MD 21401**
- 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:** *George T. Harrison* **RECORDED** Harrison 1/29/2000 (410) 757-1438  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF12E037 (9/99)