

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # N93000005016 (1)
 1. Entity Name
MEMORIAL SOCIETY of Tampa Bay Incorporated

FILED

00 JUL 17 AM 10:05

SECRETARY OF STATE,
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 % ELMORE M. SANDRA
 Membership + TREASURER
 18902 ARBOR DR
 LUTZ FL 33549

2. Principal Place of Business 3. Mailing Address
 M. SANDRA ELMORE
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 18902 ARBOR DR

City & State City & State
 LUTZ FL
 Zip Country Zip Country
 33549 USA

4. FEI Number Applied For
 59-3213555 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 M. SANDRA ELMORE
 18902 ARBOR DR
 LUTZ, FL 33549

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City 40000334 FL 33549 Code 4
 -08/02/00-01049-004

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. ******122.50 ****122.50**

SIGNATURE *M. Sandra Elmore* Membership Sec. + TREASURER 7/10/00
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	P. JEANNE Copeland as Pres. <input checked="" type="checkbox"/> Delete 1716 BARCLAY Rd TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. ALAN Rolland as V. Pres <input checked="" type="checkbox"/> Delete 3301 Bayshore Blvd unit 1506 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. M. SANDRA Elmore as sec. <input checked="" type="checkbox"/> Delete 18902 ARBOR DR LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. CLYDE Schofield <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5540 BETMAR DRIVE Zephyrhills, FL 33541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. JEANNE Copeland <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1716 BARCLAY Rd TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.D. John Williamson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1801 MILFORD Circle SUN CITY CTR, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.D. M. SANDRA ELMORE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18902 ARBOR DR LUTZ, FL 33549 AS 1998
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALAN Rolland <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3301 Bayshore Blvd unit 1506 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARD YOUNG <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1704 AURA CT. SUN CITY CTR, FL 33573

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: *M. Sandra Elmore* M. SANDRA ELMORE - TREASURER 7/10/00 (813) 949-5530
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)

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MEMORIAL SOCIETY OF TAMPA BAY
E-mail address: memsoc@ij.net
18902 Arbor Drive
Lutz, FL 33549
Tel. 1 813 949-5530

July 10, 2000

Div. of Corporations
Annual Reports filing
P O Box 6327
Tallahassee, FL 32314

To whom it may concern:

I am requesting a waiver for the \$175.00 reinstatement fee for not filing the 1999 Nonprofit Corporation Annual Report, as I never received it. When the 1998 report was filed - a new change of address (% M. Sandra Elmore, 18902 Arbor Dr. Lutz, FL 33549) was included and the old P O Box was deleted. New Officers and Directors were added and old ones deleted. The P O Box was deleted on the report but not changed on the Div. of Corporation Records. Therefore I never received the 1999 Annual Report, due to the fact that the Annual report was sent to P O Box 2984 Brandon, Florida, which was closed, and the report was returned to your office.

I received the forms from T.Lewis to reinstate Memorial Society of Tampa Bay Inc. I started with our 1998 form, that was sent, the same form you forgot to change our address on which caused this whole problem. I marked Jeanne Copeland as a delete for President but a change to Vice Pres. and Dir. I marked Alan Rolland as a delete for Vice Pres. but a change to only a Bd of Director. I deleted M.Sandra Elmore for Secretary but still current Treasurer and Director

Enclosed is a check for 1999 & 2000 fees of \$61.25 for each year. I hope this explains the reason for the penalty fee waiver I'm requesting. I hope this information is helpful. Any other questions, call 813-949-5530. Sincerely yours,

M. Sandra Elmore
M.Sandra Elmore
Membership / Treasurer