

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90303 001 \*\*\*123.00

**DOCUMENT # N94000000360**

1. Entity Name

**UNITED FAMILY OUTREACH, INC.**



Principal Place of Business

**833 WYATT STREET  
CLEARWATER FL 33756**

Mailing Address

**1739 S. GREENWOOD AVENUE  
CLEARWATER FL 33756**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LAMBERT, STEVE  
10066 LINDEN PLACE DRIVE  
SEMINOLE FL 33776**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **LAMBERT, STEVE**  
STREET ADDRESS **10066 LINDEN PLACE DRIVE**  
CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE **TD** ☐ Delete  
NAME **VAN, BRUCE**  
STREET ADDRESS **8799 BARDMOOR BLVD #303**  
CITY-ST-ZIP **LARGO FL 33777**

TITLE **SD** ☐ Delete  
NAME **RICE, CHERLY**  
STREET ADDRESS **1101 MARINE STREET**  
CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE **D** ☒ Delete  
NAME **LEVY, LEROY**  
STREET ADDRESS **4636 JUNIPER DR**  
CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE **D** ☒ Delete  
NAME **BAKER, WILLIAM**  
STREET ADDRESS **1022 BROOKSIDE DRIVE**  
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **D** ☒ Delete  
NAME **LEVY, THORA**  
STREET ADDRESS **4636 JUNIPER DR**  
CITY-ST-ZIP **PALM HARBOR FL 34685**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE **D** ☐ Change ☒ Addition  
NAME **Rice, Levi**  
STREET ADDRESS **1101 Marine St.**  
CITY-ST-ZIP **Clearwater, FL 33755**

TITLE **D** ☐ Change ☒ Addition  
NAME **Wes Neller**  
STREET ADDRESS **3463 Glossy 1b's Court**  
CITY-ST-ZIP **Palm Harbor, FL 34683**

TITLE **D** ☐ Change ☒ Addition  
NAME **John Siktberg**  
STREET ADDRESS **14367 87th Ave N**  
CITY-ST-ZIP **Seminole, FL 33776**

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 of Steve Lambert*  
**SIGNATURE REQUIRED**

**3-1-03 (722) 585-5468**

CR2E037 (10/02)