

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAR -8 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003177

1. Entity Name

Destined for Unity of Tampa  
Bay Inc.

Principal Place of Business

Mailing Address

5110 # B 28th AVE. E  
Tampa, FL 33619

P.O. Box 5045  
Tampa, FL  
33675-5045

2. Principal Place of Business

5110 # B 28th AVE. EAST  
Tampa, FL  
City & State

3. Mailing Address

P.O. Box 5045  
Tampa, FL  
City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

05-0507059

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VINCENT DAVIS  
5110 # B 28th AVE. EAST  
Tampa, FL 33619

7. Name and Address of New Registered Agent

Name

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

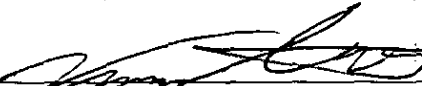
City

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.

SIGNATURE



Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/8/00

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          | President / Director    | <input type="checkbox"/> Delete            |
| NAME           | VINCENT M. DAVIS        |  |
| STREET ADDRESS | 5110 # B 28th AVE. EAST |  |
| CITY-ST-ZIP    | Tampa, FL 33619         |  |
| TITLE          | VSD                     | <input type="checkbox"/> Delete            |
| NAME           | RACHAEL R. DAVIS        |  |
| STREET ADDRESS | 5110 # B 28th AVE. EAST |  |
| CITY-ST-ZIP    | Tampa, FL 33619         |  |
| TITLE          | TD                      | <input type="checkbox"/> Delete            |
| NAME           | Alex Dunlap SR.         |  |
| STREET ADDRESS | 311 12th St. West       |  |
| CITY-ST-ZIP    | Palmetto, FL 34221      |  |
| TITLE          | VSD                     | <input checked="" type="checkbox"/> Delete |
| NAME           | RACHAEL R. BROOKS       |  |
| STREET ADDRESS | 5110 # B 28th AVE. EAST |  |
| CITY-ST-ZIP    | Tampa, FL 33619         |  |
| TITLE          | TD                      | <input checked="" type="checkbox"/> Delete |
| NAME           | Donald Smith            |  |
| STREET ADDRESS | 2303 1st AVE. EAST      |  |
| CITY-ST-ZIP    | Palmetto, FL 34221      |  |
| TITLE          |                         | <input type="checkbox"/> Delete            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

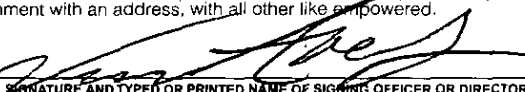
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\*\*\*\*218.75 \*\*\*\*51625

LS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/00

813-740-0390

Daytime Phone #

CR2E037 (9/99)