

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000020

1. Entity Name

GRACE EPISCOPAL CHURCH OF TAMPA, INC.

Principal Place of Business

Mailing Address

15102 AMBERLY DR
TAMPA FL 33647
US

15102 AMBERLY DR
TAMPA FL 33647
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

59-3291466

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

CAIN, ROBERT A
15102 AMBERLY DR
TAMPA FL 33647

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 NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAM, RYAN 9205 HIGHLAND RIDGEWAY TAMPA FL 33647	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SPRAH, HARMON 16016 GATWICK CT TAMPA FL 33647	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REAHARD, BO 5012 BELMONT RD TAMPA FL 33647	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMON, JOSEPH 18730 FOREST GLEN CT TAMPA FL 33647	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, JOHN 7137 WARE HAM DR TAMPA FL 33647	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYRNE, NANCY 9759 FOX HOLLOW RD TAMPA FL 33647	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ERNEST L. MANEY 16027 PENWOOD DR TAMPA, FL 33647	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARAH HARMON	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Robert A. Cain DATE: 4/17/01 TIME: 813.971.8484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0060565

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90070 046 ****61.25



DO NOT WRITE IN THIS SPACE