

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90105 042 \*\*\*\*61.25

**DOCUMENT # N95000000488**

1. Entity Name

**ALL SOULS UNITED EPISCOPAL CHURCH OF WEST PASCO**

Principal Place of Business

Mailing Address

6936 AMARILLO ST.  
 PORT RICHEY FL 34668  
 US

6936 AMARILLO ST.  
 PORT RICHEY FL 34668-3899  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6936 AMARILLO ST  
 Suite, Apt. #, etc.

6936 AMARILLO ST  
 Suite, Apt. #, etc.

City & State

City & State

Port Richey, FL  
 Zip 34668 Country US

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 Zip 34668 Country US

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

7. Name and Address of New Registered Agent

**SKIPPER, MAX**  
 6936 AMARILLO ST.  
 PORT RICHEY FL 34668

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          | <b>DPT</b>                  | <input type="checkbox"/> Delete            |
| NAME           | <b>SKIPPER, MAX</b>         |  |
| STREET ADDRESS | <b>6936 AMARILLO ST.</b>    |  |
| CITY-ST-ZIP    | <b>PORT RICHEY FL 34668</b> |  |
| TITLE          | <b>D</b>                    | <input type="checkbox"/> Delete            |
| NAME           | <b>TOWER, PAUL</b>          |  |
| STREET ADDRESS | <b>14540 GLEN ROCK RD</b>   |  |
| CITY-ST-ZIP    | <b>SPRING HILL FL 34654</b> |  |
| TITLE          | <b>DV</b>                   | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>RAVEL, MARY JANE</b>     |  |
| STREET ADDRESS | <b>1300 ENISWOOD PKWY</b>   |  |
| CITY-ST-ZIP    | <b>PALM HARBOR FL</b>       |  |
| TITLE          | <b>DV</b>                   | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>TOWER, KATHERINE</b>     |  |
| STREET ADDRESS | <b>14540 GLENROCK RD</b>    |  |
| CITY-ST-ZIP    | <b>SPRING HILL FL</b>       |  |
| TITLE          | <b>S</b>                    | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>LOFTUS, KATHERINE</b>    |  |
| STREET ADDRESS | <b>5807 WESTLAKE DRIVE</b>  |  |
| CITY-ST-ZIP    | <b>NEW PORT RICHEY FL</b>   |  |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |

|                |                              |  |
|----------------|------------------------------|--|
| TITLE          |                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>DRACE SCORCA</b>          |  |
| STREET ADDRESS | <b>2606 Mayport Lane</b>     |  |
| CITY-ST-ZIP    | <b>PORT RICHEY, FL 34668</b> |  |
| 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    |                              |  |

CR2E037 (9/99)

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: **MAX SKIPPER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SKIPPER**

Date

**4/24/00**

Daytime Phone #

**842-7800**