

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003643

1. Entity Name

POTTERS HOUSE CHRISTIAN CENTER, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90041 033 ****70.00

Principal Place of Business

8405 HIMES AVE N
SUITE 105
TAMPA FL 33614

Mailing Address

P.O. BOX 82598
TAMPA FL 33682-2598
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

59-3374098

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

WRIGHT, ERIC L
3415 NOTTINGHAM CT., APT. 145
THE COMMONS APARTMENT HOMES
TAMPA FL 33614

Name

Wright Eric L

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

4427 Leta Lakes Blvd. #101

Lake Pointe Apt.

City

Tampa

FL

Zip Code

33614

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

Eric L. Wright Eric L. Wright

2-7-00

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	PD	<input type="checkbox"/> Delete
NAME	WRIGHT, ERIC L	
STREET ADDRESS	3415 NOTTINGHAM CT., APT. #145	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PETIONI, HAYWOOD	
STREET ADDRESS	10311 LIGHTNER BR. DR.	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICE, DOUG	
STREET ADDRESS	4733 W. WATERS AVE., APT. #1011	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WRIGHT, AGNES	
STREET ADDRESS	3415 NOTTINGHAM CT., APT. #145	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wright, Eric L	
STREET ADDRESS	4427 Leta Lakes Blvd. #101	
CITY-ST-ZIP	Tampa, FL. 33614	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rice, Doug	
STREET ADDRESS	8406 Chevalier Dr. #M-5	
CITY-ST-ZIP	Tampa, FL. 33604	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wright Agnes	
STREET ADDRESS	4427 Leta Lakes Blvd. #101	
CITY-ST-ZIP	Tampa FL. 33614	
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		

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:

Eric L. Wright Eric L. Wright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-00

Date

(813) 881-0021

Daytime Phone #

CR2E037 (9/99)