

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 21, 2000 8:00 am
Secretary of State

09-21-2000 90001 014 ****61.25

DOCUMENT # N96000001069

1. Entity Name
GRACE EVANGELICAL EPISCOPAL CHURCH OF TAMPA INCO

| | |
|---|---|
| Principal Place of Business 14409 N. NEBRASKA AVE. TAMPA FL 33613 | Mailing Address 14409 N. NEBRASKA AVE. TAMPA FL 33613 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-3140168 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|---|--|--|--|---|--|--------------------------|--|
| 6. Name and Address of Current Registered Agent WRIGHT, BRUCE D REV. 12243 ARMENIA GABLES CIRCLE TAMPA FL 33612 | | | | 7. Name and Address of New Registered Agent | | | |
| | | | | Name | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) 6005 DOC THOMPSON RD | | | |
| | | | | City PLANT CITY | | FL Zip Code 33565 | |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | | |
|---|--|------------------------------------|--|
| FILE NOW: FEE IS \$61.25 After September 13, 2000 min. will be \$236.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$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 NAME STREET ADDRESS CITY-ST-ZIP | PD WRIGHT, BRUCE R EV 12243 ARMENIA GABLES CIRCLE TAMPA FL 33613 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WRIGHT, BRUCE D. 6005 DOC THOMPSON RD PLANT CITY, FL 33565 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD WRIGHT, ELAINE 12243 ARMENIA GABLES CIRCLE TAMPA FL 33613 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD WRIGHT, ELAINE K. 6005 DOC THOMPSON RD. PLANT CITY FL 33565 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WRIGHT, JONATHAN C 14802 N FLORIDA AVE, #C-46 TAMPA FL 33613 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WRIGHT, JONATHAN C 6003 DOC THOMPSON RD PLANT CITY FL 33565 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
 Date: **9-10-2000** Daytime Phone #: **813-632-9315**

CR2E037 (5/00)