

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001638

1. Entity Name

CHRISTY'S HOME OF FLORIDA, INC.

Principal Place of Business

6817 SWAIN AVE.
TAMPA FL 33625-3919
US

Mailing Address

6817 SWAIN AVE.
TAMPA FL 33625-3919
US

2. Principal Place of Business

1603 MOSAIC FOREST DR
Suite, Apt. #, etc.

3. Mailing Address

1603 MOSAIC FOREST DR
Suite, Apt. #, etc.

City & State

SEAFNER FL

City & State

SEAFNER FL

Zip

33584-5569

Country

U.S.A

Zip

33584-5569

Country

U.S.A

4. FEI Number

59-3456274

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, BENNIE D
6817 SWAIN AVE.
TAMPA FL 33625-3919

7. Name and Address of New Registered Agent

Name TAYLOR, BENNIE D

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

1603 MOSAIC FOREST DR

City

SEAFNER

FL

Zip Code

33584-5569

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] V.P. BENNIE TAYLOR

4-23-01

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 ☐ Delete
NAME KEENE, MICHELLE
STREET ADDRESS 4907 SHIRLEY DRIVE
CITY-ST-ZIP TAMPA FL 33603

TITLE VDST ☐ Delete
NAME TAYLOR, BENNIE
STREET ADDRESS 6817 SWAIN AVE
CITY-ST-ZIP TAMPA FL 33625-3919

TITLE D ☐ Delete
NAME NELSON, VIRELLA
STREET ADDRESS 301 W ALVA ST
CITY-ST-ZIP TAMPA FL 33603

TITLE D ☐ Delete
NAME ERWIN, SCOTT D
STREET ADDRESS 3510 WINN LEE DR
CITY-ST-ZIP DOVER FL 33527

TITLE SD ☐ Delete
NAME VIALIZ, WILDA
STREET ADDRESS 301 W ALVA ST
CITY-ST-ZIP TAMPA FL 33603

TITLE TD ☐ Delete
NAME HARRIS, DANIEL A
STREET ADDRESS 2905 KNIGHTS STATION RD
CITY-ST-ZIP LAKELAND FL 33809

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN-10

TITLE PD ☒ Change ☐ Addition
NAME PETRELIS, MICHELLE M.
STREET ADDRESS 4907 SHIRLEY DRIVE
CITY-ST-ZIP TAMPA FL 33603-1725

TITLE VDST ☒ Change ☐ Addition
NAME TAYLOR, BENNIE
STREET ADDRESS 1603 MOSAIC FOREST DRIVE
CITY-ST-ZIP SEAFNER, FL 33584-5569

TITLE D ☐ Change ☒ Addition
NAME DALLOY, JANET
STREET ADDRESS 11639 FOXCREAK DRIVE
CITY-ST-ZIP TAMPA, FL 33635

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

[Signature] V.P. BENNIE TAYLOR

4-23-01 (813) 651-5175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)