

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002189

1. Entity Name

ST. GEORGE'S ANGLICAN CHURCH, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90038 039 ****70.00

Principal Place of Business

212 S AUDOBON AVE
TAMPA FL 33609
US

Mailing Address

P.O. BOX 20392
TAMPA FL 33622-0392
US

2. Principal Place of Business

7813 N. NEBRASKA AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

City & State

TAMPA

Zip

FL 33604

Country

US

BOWEN, MARK F
1821 E 4TH AVE
TAMPA FL 33605

Name

THOMAS D. SQUIRES
Street Address (P.O. Box Number is Not Acceptable)
5002 GAINESVILLE DRIVE

City

TAMPA

FL

Zip Code

33617

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

Thomas D. Squires
Signature, typed or printed name of registered agent and title if applicable.

THOMAS D. SQUIRES

05/05/00

(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 BOWEN, MARK
STREET ADDRESS 1821 E 4TH AVE
CITY-ST-ZIP TAMPA FL 33605

TITLE VPD ☐ Delete

NAME BLACKSTON, JOHN
STREET ADDRESS 4410 CYPRINA PL., #1
CITY-ST-ZIP TAMPA FL 33615

TITLE D ☐ Delete

NAME GRADON, AGAR
STREET ADDRESS 5802 NORTH BRANCH
CITY-ST-ZIP TAMPA FL 33604

TITLE D ☒ Delete

NAME KELLY, MARGARET
STREET ADDRESS 11016 BRIGHTSIDE DRIVE
CITY-ST-ZIP TAMPA FL 33624

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition

NAME THOMAS D. SQUIRES
STREET ADDRESS 5002 GAINESVILLE DRIVE
CITY-ST-ZIP TAMPA FL 33617

TITLE VPD ☒ Change ☐ Addition

NAME JOHN BLACKSTON
STREET ADDRESS 458 LAQUINTA BL
CITY-ST-ZIP WINTER HAVEN FL 33881

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

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 another like empowered.

SIGNATURE: *Thomas D. Squires*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS D. SQUIRES

05/05/00

Date

(727) 421-2105

Daytime Phone #

CR2E037 (9/99)